

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 009 ****61.25

DOCUMENT # N24877

1. Entity Name
NORTH FLORIDA JUNIOR GOLF FOUNDATION, INC.



Principal Place of Business
**225 WALTER STREET, FL0545
ATTN MARLA M ANDERSON
JACKSONVILLE, FL 32202**

Mailing Address
**225 WALTER STREET, FL0545
ATTN MARLA M ANDERSON
JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2876904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEFFIELD & BOATRIGHT, P.A.
6101 GAZEBO PARK PL N
STE 101
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARLA M	
STREET ADDRESS	225 WALTER STREET, FL0545	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, ED	
STREET ADDRESS	10034 GOLF CLUB DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, BILL	
STREET ADDRESS	110 CHAMPIONSHIP WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEHLAFF, BILLY	
STREET ADDRESS	110 CHAMPIONSHIP WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLY NEWMAN, JACKIE S	
STREET ADDRESS	148 GOVENORS ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, LINDA L	
STREET ADDRESS	116 PLANTERS ROW EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Knutsen	
STREET ADDRESS	c/o Marla Anderson, 225 Water St FL0545	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J Howard Sheffield	
STREET ADDRESS	6101 Gazebo Park Pl N #101	
CITY-ST-ZIP	Jacksonville, FL 32257	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #