

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33764

FILED
Mar 16, 2009
Secretary of State

Entity Name: SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Current Principal Place of Business:

112 PGA TOUR BLVD
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

112 PGA TOUR BLVD
PONTE VEDRA, FL 32082 US

New Mailing Address:

FEI Number: 59-2998912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, RICHARD D
112 PGA TOUR BLVD
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: KUGHN, RICHARD P
Address: 50625 RICHARD W BLVD
City-St-Zip: CHESTERFIELD, MI 48051

Title: S () Delete
Name: ANDERSON, RICHARD D
Address: 8719 ROLLING BROOK DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FINCHEM, TIMOTHY,
Address: 112 PGA TOUR BOULEVARD
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D () Delete
Name: PLUMMER, DEREK
Address: 750 STEPHENSON HIGHWAY
City-St-Zip: TROY, MI 48083

Title: D () Delete
Name: MCNAMARA, EDWARD H
Address: WAYNE CO BLDG, 600 RANDOLPH
City-St-Zip: DETROIT, MI 48226

Title: D () Delete
Name: DORAN, WAYNE,
Address: 1 PARKLANE BLVD, STE 1500 E
City-St-Zip: DEARBORN, MI 48126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. ANDERSON

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03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date