

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36536

FILED
Mar 02, 2005
Secretary of State

Entity Name: TRI CITY GOLFERS CHARITIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 780234
ORLANDO, FL 328780234 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 780234
ORLANDO, FL 328780234 US

New Mailing Address:

FEI Number: 59-3057326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWINGS, ANNIE R FD
309 HAMMOCK DUNES PL
ORLANDO, FL 328288507 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: PD () Delete
Name: MANN, JOHN
Address: 1013 MCCALL ST
City-St-Zip: OVIEDO, FL 32751 US

Title: VD () Delete
Name: WRIGHT, ANDREW
Address: 2849 EAGLE LAKE DR
City-St-Zip: ORLANDO, FL 32837 US

Title: TD () Delete
Name: PEART, CARLTON
Address: 1623 CARILLON PARK DR
City-St-Zip: OVIEDO, FL 32765 US

Title: FD () Delete
Name: EWINGS, ANNIE R
Address: 309 HAMMOCK DUNES PL
City-St-Zip: ORLANDO, FL 328288507 US

Title: SD () Delete
Name: WILLIAMS, BILLY
Address: 1109 MISSION RIDGE CT
City-St-Zip: ORLANDO, FL 32835 US

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
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 for the exemption stated in Section 119.07(3)(i), 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: ANNIE R EWINGS

FD

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date