

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36536

FILED  
Mar 23, 2006  
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 (X) Delete  
Name: WILLIAMS, BILLY  
Address: 1109 MISSION RIDGE CT  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PEART, CARLTON  
Address: 1623 CARILLON PARK DR  
City-St-Zip: OVIEDO, FL 32765 US

Title: VD (X) Change ( ) Addition  
Name: KORNEGAY, DAVID  
Address: 1728 MEADOWGOLF LANE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: TD (X) Change ( ) Addition  
Name: SMITH, CLARK  
Address: 9125 MR LINCOLN CT  
City-St-Zip: ORLANDO, FL 32818 US

Title: FD (X) Change ( ) Addition  
Name: EWINGS, ANNIE R  
Address: 309 HAMMOCK DUNES PLACE  
City-St-Zip: ORLANDO, FL 32828 US

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 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: ANNIE R EWINGS

FD

03/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date