

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36536

FILED
Feb 04, 2007
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:

1728 MEADOWGOLD LANE
WINTER PARK, FL 32792 US

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 (X)

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:

BROOKS, ANTHONY SD
335 GLEN CLUB DR
DEBARY, FL 32713 US

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: ANTHONY BROOKS 02/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: RIVERS, ISOM
Address: 2037 WINDING OAKS DRIVE
City-St-Zip: ORLANDO, FL 32825 US

Title: TD (X) Change () Addition
Name: DAVIS, ORION
Address: 7061 CORAL COVE DR
City-St-Zip: ORLANDO, FL 32818 US

Title: SD (X) Change () Addition
Name: BROOKS, ANTHONY
Address: 335 GLEN CLUB DR
City-St-Zip: DEBARY, FL 32713 US

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: ANTHONY BROOKS SD 02/04/2007

Electronic Signature of Signing Officer or Director Date