

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36536

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

1728 MEADOWGOLD LANE
WINTER PARK, FL 32792 US

New Principal Place of Business:

2037 WINDING OAKS DR
ORLANDO, FL 32825 US

Current Mailing Address:

P.O. BOX 682987
ORLANDO, FL 32868 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:

MANN, JOHN SD
1013 MCCALL STREET
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

DAVIS, ORION TD
7061 CORAL COVE DR
ORLANDO, FL 32818 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: ORION DAVIS

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: SD () Delete
Name: MANN, JOHN
Address: 1013 MCCALL STREET
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ORION DAVIS

TD

01/22/2009

Electronic Signature of Signing Officer or Director

Date