

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36536

FILED
Jan 25, 2010
Secretary of State

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

Current Principal Place of Business:

2037 WINDING OAKS DR
ORLANDO, FL 32825 US

New Principal Place of Business:

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:

DAVIS, ORION TD
7061 CORAL COVE DR
ORLANDO, FL 32818 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
Name: RIVERS, ISOM
Address: 2037 WINDING OAKS DR
City-St-Zip: ORLANDO, FL 32825 US

Title: VD
Name: HENDERSON, DONALD
Address: 12102 REBECCA'S RUN DR
City-St-Zip: WINTER GARDEN, FL 34787 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: ORION DAVIS

TD

01/25/2010

Electronic Signature of Signing Officer or Director

_____ Date