

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39851

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA GOLF CHARITIES, INC.

**Current Principal Place of Business:**

12693 TAMIAMITE E SUITE 161  
NAPLES, FL 34113

**New Principal Place of Business:**

12693 TAMIAMI TR E SUITE 161  
NAPLES, FL 34113

**Current Mailing Address:**

12693 TAMIAMI TR E  
NAPLES, FL 34113

**New Mailing Address:**

**FEI Number:** 65-0208005      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHERWOOD, IRVING  
44 CYPRESS VIEW  
NAPLES, FL 34113      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: TD ( ) Delete  
Name: BLACKLIDGE, JAMES  
Address: 3 GARY WING PT  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: WARD, MICHAEL,  
Address: 1850 ISLE OF CAPRI RD.  
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete  
Name: SHERWOOD, IRV  
Address: 44 CYPRESS VIEW  
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete  
Name: MACKEL FRESH, TOM  
Address: 231 BENTLEY DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: SCHILDKNECHT, MAXINE G  
Address: 752 EAGLE CREEK DRIVE #103  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: SIEMERS, JAY  
Address: 780 WATERFORD DRIVE #104  
City-St-Zip: NAPLES, FL 34113

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

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

Title: D (X) Change ( ) Addition  
Name: LACKEY, JAMES  
Address: 513 EAGLE CREEK DRIVE  
City-St-Zip: NAPLES, FL 34113

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 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: JAMES BLACKLIDGE

TD

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date