


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N40763
 1. Entity Name
GOLF ASSOCIATION OF FLORIDA INC.



Principal Place of Business 8115 SW SUNNY BREEZE RD ARCADIA, FL 34269 US	Mailing Address 8115 SW SUNNY BREEZE RD ARCADIA, FL 34269 US
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03082003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3074806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RILEY, DAVID
 8115 SW SUNNY BREEZE RD
 ARCADIA, FL 34269

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANDERS, ALBERT J P.O. BOX 568804 N/A ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, WILLIAM 8135 S.W. SUNNYBREEZE ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALM, BARRY 105 TWIN CEDAR CT PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04
Date Daytime Phone #