


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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



FILED
 05 OCT 10 PM 4: 04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 8115 SW SUNNY BREEZE RD 8115 SW SUNNY BREEZE RD
 ARCADIA, FL 34269 US ARCADIA, FL 34269 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3074806	Applied For <input type="checkbox"/> 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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 *Albert Sanders* **EXECUTIVE DIR.** 10/5/05
 _____ *President* 9/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	200059765662	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	09-20705--01006--003 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Albert Sanders* ALBERT SANDERS 9-5/05
Signature and typed or printed name of signing officer or director Date Daytime Phone #