

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N40763

Entity Name: GOLF ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:

2134 HORSESHOE DR.
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

2134 HORSESHOE DR.
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-3074806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMELLA, JUDY
2134 HORSESHOE DR.
LAKELAND, FL 33810 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: ED () Delete
Name: COMELLA, JUDITH
Address: 2134 HORSESHOE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: PD () Delete
Name: BAKER, WILLIAM
Address: 8135 S.W. SUNNYBREEZE ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DVP () Delete
Name: ALTHOUSE, KEN
Address: 7943 SW SUNNY OAKS DRIVE
City-St-Zip: ARCADIA, FL 34269

Title: TD () Delete
Name: RILEY, DAVID T
Address: 5 GOLDEN BEAR CT.
City-St-Zip: GREENVILLE, SC 29609 US

Title: DS () Delete
Name: VATLAND, KAREN
Address: 2025 MOORINGLINE DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ALTHOUSE, KEN
Address: 7943 SW SUNNY OAKS DRIVE
City-St-Zip: ARCADIA, FL 34269

Title: DVP (X) Change () Addition
Name: GODINO, FLO
Address: 7655 CROSSRIP STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: TD (X) Change () Addition
Name: MCINTYRE, WILLIAM
Address: 19345 WATER OAK DRIVE #201
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DS (X) Change () Addition
Name: MCINTYRE, WILLIAM
Address: 19345 WATER OAK DRIVE #201
City-St-Zip: PORT CHARLOTTE, FL 33948

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: JUDITH A. COMELLA

ED

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date