2003 NOT-FOR-PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N40763** 1. Entity Name 04-28-2003 90274 032 ****61.25 GOLF ASSOCIATION OF FLORIDA INC. Principal Place of Business Mailing Address 27 CYPRESS RUN 27 CYPRESS RUN HAINES CITY FL 33844 HAINES CITY FL 33844 2. Principal Place of Business 3. Mailing Address BIISSW SWINVBREE BIIS SW SUNIN BUEZE RI Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3074806 Applied For ARCA-DIA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STINE, CHARLES W Number is Not Acceptable) Sunny BIEEE Rd 27 CYPRESS RUN HAINES CITY FL 33844 City ARCCADIA 8. The above named entitle submits this statement 💋 the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of re SIGNATURE and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition SANDERS, ALBERT J NAME NAME P.O. BOX 568804 N/A STREET ADDRESS STREET ADDRESS ORLANDO FL 32856 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition BAKER, WILLIAM NAME 8135 S.W. SUNNYBREEZE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ARCADIA FL 34266 ≈ CITY-ST-ZIP=== Delete TITLE Change Addition STINE, CHARLES NAME 27 CYPRESS RUN STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition ☐ Change NAME NAME TWIN CEDAR CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 at 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 other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Change

☐ Addition