


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000601 1. Entity Name GOLF ORIENTED LEADERSHIP FOUNDATION, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 SEP 30 PM 12:54

Principal Place of Business P.O. BOX 491324 FORT LAUDERDALE, FL 33349-1324 US	Mailing Address P.O. BOX 491324 FORT LAUDERDALE, FL 33349-1324 US
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09082004 No Chg-NP		CR2E037 (10/03)
4. FEI Number 65-0386998	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

EGGELLETON, JOSEPHUS JR
 3376 NW 21ST ST
 LAUDERDALE LAKES, FL 33311

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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: *Joseph Eggleton* 9/8/04
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 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EGGELLETON, JOSEPHUS JR
STREET ADDRESS	3376 NW 21ST ST
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	D
NAME	HAGAN, LARRY
STREET ADDRESS	3711 NW 109 AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	REYNOLDS, DWIGHT
STREET ADDRESS	1640 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D
NAME	TUCKER, PAULA
STREET ADDRESS	17741 NW 28TH CT
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	D
NAME	BUTLER, CHUCK
STREET ADDRESS	10401 NW 40TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	HUTCHINSON, WILLIAM
STREET ADDRESS	514 SE 7 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

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100041537621
 10/01/04--01058--005 **70.00

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: *Joseph Eggleton* 9/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/30