


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N93000000601</b> 1. Entity Name <b>GOLF ORIENTED LEADERSHIP FOUNDATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 491324 FORT LAUDERDALE, FL 33349-1324 US</b>	Mailing Address <b>P.O. BOX 491324 FORT LAUDERDALE, FL 33349-1324 US</b>
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04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0386998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>EGGELLETON, JOSEPHUS JR 3376 NW 21ST ST LAUDERDALE LAKES, FL 33311</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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 May 1, 2005**

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	PD EGGELLETON, JOSEPHUS JR 3376 NW 21ST ST LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, LARRY 3711 NW 109 AVE. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, DWIGHT 1840 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, PAULA 17741 NW 28TH CT MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CHUCK 10401 NW 40TH PLACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, WILLIAM 514 SE 7 STREET FT. LAUDERDALE, FL 33301

U00000358484  
05/04/05-80115-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**4/27/05 954-357-7009**  
Date Daytime Phone #