

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001483

FILED
Jan 07, 2006
Secretary of State

Entity Name: UNITED STATES BLIND GOLF ASSOCIATION, INC.

Current Principal Place of Business:

3094 SHAMROCK ST NORTH
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3094 SHAMROCK ST NORTH
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 72-1080009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, JED
180 S. KNOWLES AV.
WINTER PARK, FL 32789 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: P () Delete
Name: BAKER, JIM
Address: 2711 WELLMAN DR.
City-St-Zip: NASHVILLE, TN 37214

Title: VP () Delete
Name: POMO, DICK
Address: 5316 MANITOWOC PKWY
City-St-Zip: MADISON, WI 53705

Title: S/T () Delete
Name: ANDREWS, TINA
Address: 3094 SHAMROCK ST. N.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MCMAHON, BILL
Address: 1504 WINDSON
City-St-Zip: FRAMINGHAM, MA

Title: D () Delete
Name: DRUMMOND, SHEILA
Address: 125 GILBERTS HILL RD
City-St-Zip: LEHIGHTON, PA 18235

Title: D () Delete
Name: KENNEDY, BOB
Address: 2021 CHOYCE CIRCLE
City-St-Zip: CHARLOTTE, NC 28217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TINA ANDREWS

S/T

01/07/2006

Electronic Signature of Signing Officer or Director

Date