

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001483

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** UNITED STATES BLIND GOLF ASSOCIATION, INC.

**Current Principal Place of Business:**

18 BARNWOOD CIRCLE  
GREENVILLE, SC 29607

**New Principal Place of Business:**

**Current Mailing Address:**

18 BARNWOOD CIRCLE  
GREENVILLE, SC 29607

**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: BLACKWELL, PHIL  
Address: 18 BARNWOOD CIRCLE  
City-St-Zip: GREENVILLE, SC 29607

Title: VP/T ( ) Delete  
Name: HOOPER, BRUCE  
Address: 710 QUAIL RUN  
City-St-Zip: SAN ANTONIO, TX 78209

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

Title: D ( ) Delete  
Name: MCMAHON, BILL  
Address: 1504 WINDSON  
City-St-Zip: FRAMINGHAM, MA 01701

Title: D ( ) Delete  
Name: ARNOLD, MARK  
Address: 414 ALLEN DR  
City-St-Zip: WADSWORTH, OH 44281

Title: D ( ) Delete  
Name: JACKSON, TIM  
Address: 5781 WESTBANK DR  
City-St-Zip: GALLOWAY, OH 43119

**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  
Name:  
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 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: BRUCE HOOPER

VP/T

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date