


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

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002815 1. Entity Name FLORIDA JUNIOR GOLF, INC.	
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Principal Place of Business 10400 COUNTY ROAD 48 HOWEY-IN-THE-HILLS, FL 34737	Mailing Address 10400 COUNTY ROAD 48 HOWEY-IN-THE-HILLS, FL 34737
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04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3189920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent BEUCHER, NICHOLAS F 9838 SANTA CLARA CT HOWEY-IN-THE-HILLS, FL 34737

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**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 BEUCHER, NICHOLAS F 900 NORTH CITRUS HOWEY-IN-THE-HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINE, DONNA BEUCHER 10400 C.R. 48 HOWEY-IN-THE-HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUCHER, ROBERT N 10400 C.R. 48 HOWEY-IN-THE-HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/15/05-80066-004 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)(f), 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 Date Daytime Phone #