2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005777

FILED Mar 11, 2005 Secretary of State

Entity Name: FLORIDA DEAF GOLF ASSOCIATION, INC.

4841 S. ATLANTIC AVE. 48016 PORT ORANGE, FL 32127 Current Mailling Address: 4841 S. ATLANTIC AVE. 48615 PORT ORANGE, FL 32127 FEI Number: 65-0450621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: YOUNG, KEITH E 4641 S. ATLANTIC AVE. 46018 PORT ORANGE, FL 32127 US 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	Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
PORT ORANGE, FL 32127 Current Mailing Address: A641 S. ATLANTIC AVE #605 PORT ORANGE, FL 32127 FEI Number: 65-0450621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: YOUNG, KEITHE 4641 S. ATLANTIC AVE. #605 PORT ORANGE, FL 32127 US 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title:		LANTIC AVE	Ξ.				
4641 S. ATLANTIC AVE #605 PORT ORANGE, FL 32127 FEI Number 65-0450621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: YOUNG, KETH E 4641 S. ATLANTIC AVE. #605 PORT ORANGE, FL 32127 US 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		ANGE, FL 32	2127				
### PORT ORANGE, FL 32127 FEI Number: 65-0450821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: YOUNG, KETH E 48-41 S. ATLANTIC AVE. ###505 PORT ORANGE, FL 32127 US 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	Current Mailing Address:			New Maili	New Mailing Address:		
PORT ORANGE, FL 32127 FEI Number: 65-0450621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: YOUNG, KEITH E	4641 S. AT	LANTIC AVE	Ξ.				
Name and Address of Current Registered Agent: YOUNG, KEITH E 4641 S. ATLANTIC AVE. #605 PORT ORANGE, FL 32127 US 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		ANGE, FL 32	2127				
YOUNG, KEITH E 4841 S. ATLANTIC AVE. #805 PORT ORANGE, FL 32127 US 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	FEI Number:	65-0450621	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
## 4641 S. ATLANTIC AVE. ## 4605 PORT ORANGE, FL 32127 US 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	Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
in the State of Florida. SIGNATURE:	4641 S. ÁT #605	LANTIC AVE					
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: DE MOTTE, ROY Name: DE MOTTE, ROY Name: S493 WARD LAKE RD. Address: City-St-Zip: PORT ORANGE, FL 32128 Title: VP () Delete Title: () Change () Addition Name: Address: City-St-Zip: The City-St-Zip			submits this statement for the p	ourpose of changing it	its registered office or registered agent, or both,		
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: P () Delete Title: () Change () Addition Name: DE MOTTE, ROY Name: Address: 5493 WARD LAKE RD. Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32128 Title: VP () Delete Title: () Change () Addition Name: Address: P.O, BoX 1272 Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip: Title: SECY () Delete Title: () Change () Addition Name: YOUNG, KEITH E Name: Address: 4841 S. ATLANTIC AVE. #605 City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: DIVINCENZO, FRANK Name: Address: (city-St-Zip: Title: LARGO, FL 33771 Title: D () Delete Title: D (X) Change () Addition Name: STURGEONS, JIM Name: STURGEON, JIM Name: STURGEONS, JIM Name: STURGEON, JIM Name: DORSEY, BUD Address: 4851 GANDY BLVD. B 6-19 City-St-Zip: TAMPA, FL	SIGNATUF	RE:					
Title:		Electro	onic Signature of Registered Age	ent	Date		
Name: DE MOTTE, RÓY Name: Address: 5493 WARD LAKE RD. Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: KASCHKADAJEV, ALEX Name: Address: P.O, BOX 1272 Address: City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip: Title: SECY () Delete Title: () Change () Addition Name: YOUNG, KEITH E Name: Address: 4641 S. ATLANTIC AVE. #805 Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: DIVINCENZO, FRANK Name: Address: 7100 ULMERTON RD. #2041 Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: D () Delete Title: D (X) Change () Addition Name: STURGEONS, JIM Name: STURGEON, JIM Address: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611	OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: KASCHKADAJEV, ALEX Name: Address: P.O, BOX 1272 Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip: () Change () Addition Name: Addition Name: Addition Name: Address: City-St-Zip: TAMPA, FL 33611 Name: Address: Address: Address: Address: Addition Name: Address: Addition Name:	Name: Address:	DE MOTTE, R 5493 WARD I	OY AKE RD.	Name: Address:	() Change () Addition		
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Name: DORSEY, BUD Name: Address: 167-B CARDINAL DR. Address:	Name: Address:	STURGEONS 4851 GANDY	, ĴIM BLVD. B 6-19	Name: Address:	STURGEON, JIM 4851 GANDY BLVD. B 6-19		
	Name: Address:	DORSEY, BU 167-B CARDI	D NAL DR.	Name: Address:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH YOUNG SECY 03/11/2005