

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005777

FILED
Mar 11, 2005
Secretary of State

Entity Name: FLORIDA DEAF GOLF ASSOCIATION, INC.

Current Principal Place of Business:

4641 S. ATLANTIC AVE.
#605
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

4641 S. ATLANTIC AVE.
#605
PORT ORANGE, FL 32127

New Mailing Address:

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.
#605
PORT ORANGE, FL 32127 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: DE MOTTE, ROY
Address: 5493 WARD LAKE RD.
City-St-Zip: PORT ORANGE, FL 32128

Title: VP () Delete
Name: KASCHKADAJEV, ALEX
Address: P.O. BOX 1272
City-St-Zip: PALM HARBOR, FL 34682

Title: SECY () Delete
Name: YOUNG, KEITH E
Address: 4641 S. ATLANTIC AVE. #605
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: DIVINCENZO, FRANK
Address: 7100 ULMERTON RD. #2041
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: STURGEONS, JIM
Address: 4851 GANDY BLVD. B 6-19
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: DORSEY, BUD
Address: 167-B CARDINAL DR.
City-St-Zip: ORMOND BEACH, FL 32176

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: D (X) Change () Addition
Name: STURGEON, JIM
Address: 4851 GANDY BLVD. B 6-19
City-St-Zip: TAMPA, FL 33611

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 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

Electronic Signature of Signing Officer or Director

_____ Date