

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2009
Secretary of State**

DOCUMENT# N93000005777

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: PRES () Delete
Name: DE MOTTE, ROY
Address: 5493 WARD LAKE RD.
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP () Delete
Name: NIEMI, JAMES
Address: 137 TREVISO CT.
City-St-Zip: NORTH VENICE, FL 34275 US

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

Title: D () Delete
Name: DEUEL, HAROLD
Address: 120 LEGENDARY DR. #101
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

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

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 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: KEITH YOUNG

Electronic Signature of Signing Officer or Director

SECY

03/16/2009

Date