

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005777

FILED
Mar 02, 2010
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: PRES
Name: DE MOTTE, ROY
Address: 5493 WARD LAKE RD.
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP
Name: KALETA, JOHN
Address: 2637 DAY LILY RUN
City-St-Zip: THE VILLAGES, FL 32162 US

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

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

Title: D
Name: STONE, JR., WILLIAM
Address: 170 MARILYN DR. E.
City-St-Zip: FAYETTEVILLE, GA 30214 US

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

I hereby 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 all other like empowered.

SIGNATURE: KEITH YOUNG

SECY

03/02/2010

Electronic Signature of Signing Officer or Director

Date