## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002071

Apr 30, 2009 Secretary of State

Entity Name: GULF COAST JUNIOR GOLF TOUR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6809 WELLINGTON DRIVE NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6809 WELLINGTON DRIVE NAPLES, FL 34109 FEI Number: 65-0477835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMCZYK, MARK E ESQ. 5801 PELICÁN BAY BLVD STE 103 NAPLES, FL 34108 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRAY, CHRIS Name: Name: 44 CAJEPUT DRIVE Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition BUNGARTZ, RODNEY Name: BASS, TERRI L Name: Address: P.O. BOX 576, C/O 6809 WELLINGTON DR.34109 Address: 8955 FONTANA DEL SOL WAY City-St-Zip: NAPLES, FL 34106 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: () Change () Addition ADAMCZYK, MARK Name: Name: 5801 PELICAN BAY BLVD STE 103 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: PADGETT, KATHY Name: MANLEY, PAUL 2620 TIBURON DR 1199 IMPERIAL DRIVE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: ( ) Change (X) Addition SCHMEIDING, REINHOLD Name: Name: 2885 HORSESHOE DRIVE Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: ( ) Change (X) Addition FLOOD, TOM Name: Name: Address: Address: 3003 TAMIAMI TRAIL N, SUITE 400 NAPLES, FL 34103 City-St-Zip: 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: MARK ADAMCZYK D 04/30/2009