2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

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Entity Name: PROFESSIONAL CADDIES ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

5524 ISLEWORTH COUNTRY CLUB DR.
WINDERMERE, FL 34786

New Principal Place of Business:

55243ISLEWORTH COUNTRY CLUB DR.
WINDERMERE, FL 34786

Current Mailing Address:

112 PGA TOUR BLVD
PONTE VEDRA BCH, FL 32082 US

New Mailing Address:

FEI Number: 59-3266465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAY, CHRISTOPHER K
390 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KAY, CHRISTOPHER K
5523 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786 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: _____ 04/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: O'MEARA, MARK
Address: 5312 DEACON CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: TD ( ) Delete
Name: O'MEARA, ALICIA
Address: 5312 DEACON CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: VSD ( ) Delete
Name: KAY, CHRISTOPHER
Address: 5524 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: O'MEARA, MARK
Address: 9705 LAKE ISLEWORTH COURT
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: KAY, CHRISTOPHER
Address: 5523 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: CHRISTOPHER KAY VSD 04/03/2009
Electronic Signature of Signing Officer or Director — Date