2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # N94000006361 1. Entity Name 04-04-2006 90143 043 ****61.25 JAKE GAITHER GOLF ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305-6969 P.O. BOX 6834 TALLAHASSEE FL 32314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 77-0600402 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BILLUPS, ANTHONY W. Street Address (P.O. Box Number is Not Acceptable) 3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305-6969 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature Typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE X Addition Acoff, Edward WILLIAMS, MARVIN L NAME NAME 1422 Nancy Drive 8476 SOUTHERN PARK DR. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32305 CITY-ST-ZIP Tallahassee, Fl. 32301 CITY-ST-ZIP ☐ Detete TITLE Change X Addition TITLE BILLUPS, ANTHONY W SR. NAME NAME Vance, Jaworski 3401 SUNNYSIDE DRIVE STREET ADDRESS STREET ADDRESS 306 Belmont Road TALLAHASSEE FL 32305 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, Fl. 32301 XX()elete TITLE ☐ Change ☐ Addition PERRY, IRENE NAME NAME 3105 RACKLEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition TITLE NAME **BROWN, JOHNNY** NAME Brown, Johnny STREET ADDRESS STREET ADDRESS **4214 JULIA STREET** 4214 Julia Road TALLAHASSEE FL 32305 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, Fl. 32305 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BROWN, JOANNE NAME NAME 4100 SILK BAY CT. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP D X Delete ☐ Change ☐ Addition TITLE TITLE TATE, LILLIAN NAME NAME STREET ADORESS 3986 SHILOH CIR. STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be 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 resolved by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all piner like empowered.

03-30-06

850-216-4236

SIGNATURE: Anthony W. Billups,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED