

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 28, 2007 08:00 AM  
Secretary of State

DOCUMENT # N94000006361

1. Entity Name

JAKE GAITHER GOLF ASSOCIATION, INCORPORATED



Principal Place of Business

3401 SUNNYSIDE DRIVE  
TALLAHASSEE FL 32305-6969  
US

Mailing Address

P.O. BOX 6834  
TALLAHASSEE FL 32314  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0600402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BILLUPS, ANTHONY W.  
3401 SUNNYSIDE DRIVE  
TALLAHASSEE FL 32305-6969

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE<br>NAME   | FS<br>WILLIAMS, MARVIN L    | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 8476 SOUTHERN PARK DR.      |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL 32305        |                                 |
| TITLE<br>NAME   | T<br>BILLUPS, ANTHONY W SR. | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 3401 SUNNYSIDE DRIVE        |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL 32305        |                                 |
| TITLE<br>NAME   | P<br>ACOFF, EDWARD          | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 1422 NANCY DR               |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL 32301        |                                 |
| TITLE<br>NAME   | D<br>BROWN, JOHNNY          | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 4214 JULIA RAOD             |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL 32305        |                                 |
| TITLE<br>NAME   | D<br>BROWN, JOANNE          | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 4100 SILK BAY CT            |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL 32308        |                                 |
| TITLE<br>NAME   | V<br>VANCE, JAWORSKI        | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 306 BELMONT ROAD            |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL 32301        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |                    |   |
|-----------------|--------------------|---|
| TITLE<br>NAME   | U000000681706      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | 04/04/07-80055-014 |   |
| CITY - ST - ZIP | 61.25              |   |
| TITLE<br>NAME   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                    |   |
| CITY - ST - ZIP |                    |   |
| TITLE<br>NAME   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                    |   |
| CITY - ST - ZIP |                    |   |
| TITLE<br>NAME   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                    |   |
| CITY - ST - ZIP |                    |   |
| TITLE<br>NAME   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                    |   |
| 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 have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required 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 other like empowered.

SIGNATURE:

*Anthony W. Billups Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07 850-26-4236  
Date Daytime Phone if