2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000085

FILED Apr 27, 2009 Secretary of State

Entity Name: THE GREATER PENSACOLA JUNIOR GOLF ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 101 WEST MAIN ST PENSACOLA, FL 32582 US **Current Mailing Address: New Mailing Address:** P.O. BOX 12303 PENSACOLA, FL 325812303 US FEI Number: 59-3288799 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: DORSEY, GAIL 1433 PLAYERS CLUB CIRCLE GULF BREEZE, FL 32563 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 (X) Change () Addition BOBE, STEVE BOBE, STEVE Name: Name: BLDG 3495 NAS Address: BLDG 3495 NAS Address: City-St-Zip: PENSACOLA, FL 32508 City-St-Zip: PENSACOLA, FL 32508 Title: SD Title: () Delete () Change () Addition WATSON, JOANN Name: Name: Address: 3059 LARKHALL PLACE Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: () Delete Title: () Change () Addition DORSEY, GAIL R Name: Name: 1433 PLAYERS CLUB CIRCLE Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: () Delete Title: Title: () Change () Addition Name: HIRAM, COOK Name: 3224 KINGSMILL DRIVE Address: Address: City-St-Zip: MILTON, FL 32571 City-St-Zip: Title: VPD () Delete Title: PΠ (X) Change () Addition RICHARD, BERG RICHARD, BERG Name: Name: 2833 VIA ROMA COURT 2833 VIA ROMA COURT Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563 Title: (X) Delete Title: () Change () Addition DAIGLE, EDDIE Name: Name: Address: 3102 E. GONZALEZ STREET Address: PENSACOLA, FL 32503 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: GAIL R DORSEY T 04/27/2009