

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N96000005948

Entity Name: CENTRAL FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

Current Principal Place of Business:

5216 HAMMOCK POINT CT
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

PO BOX 620845
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 91-1931012 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INNES, JENNIFER
1296 NE OCEANVIEW CIRCLE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MYERS, GARY
Address: 9765 GAULT DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: VP () Delete
Name: STUMP, DALE
Address: 2005 CHAPMAN OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CARTIN, CHRIS
Address: 1120 ELK CAM BLVE
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: HARRIS, BRETT
Address: 9100 CHILTERN DR.
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: STEM, MIKE
Address: 1700 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: SCOTT, ROBERT
Address: 9229 NORTHLAKE PARKWAY
City-St-Zip: ORLANDO, FL 32827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: ROBERT SCOTT

TD

01/06/2009

Electronic Signature of Signing Officer or Director

Date