

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000189

FILED
Feb 02, 2009
Secretary of State

Entity Name: NORTH FLORIDA GOLF COURSE SUPERINTENDENTS ASSN., INC.

Current Principal Place of Business:

1915 KNOTTINGHAM TRACE LANE
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37310
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 91-1931021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, KEN
11376 PANTHER CREEK PARKWAY
JACKSONVILLE, FL 32221 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: PD () Delete
Name: PHILLIPS, RIP
Address: 1915 KNOTTINGHAM TRACE LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: VTSD () Delete
Name: ARSENAULT, KEN
Address: 11376 PANTHER CREEK PARKWAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: EVPD () Delete
Name: SIEBEL, MATTHEW
Address: 504 SOUTH PARKE VIEW DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SINGO, BUTCH
Address: 4103 OSAGE LANE
City-St-Zip: ORMOND BCH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCRANIE, CHRIS
Address: 707 SHORES BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

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

Title: EVPD (X) Change () Addition
Name: PHILLIPS, RIP
Address: 1915 KNOTTINGHAM TRACE LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change () Addition
Name: CHATFIELD, LON
Address: 12046 ACORNSHELL WAY
City-St-Zip: JACKSONVILLE, FL 32223

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: KEN ARSENAULT

VTSD

02/02/2009

Electronic Signature of Signing Officer or Director

Date