

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000189

FILED
Jan 06, 2012
Secretary of State

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

Current Principal Place of Business:

1474-1 DOLPH RD.
JACKSONVILLE, FL 32220 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
4954 IRISH MOSS DR. S.
JACKSONVILLE, FL 32257 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
Name: COFFEY, BOB
Address: 2800 CIMARRONE BLVD
City-St-Zip: JACKSONVILLE, FL 32259

Title: T
Name: ARSENAULT, KEN
Address: 4954 IRISH MOSS DR. S.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP
Name: STEVENS, MIKE
Address: 205 ST. JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D
Name: CHATFIELD, LON
Address: 12046 ACORNSHELL WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: SMITH, BRAD
Address: 22680 N. HAMPTON CLUB WAY
City-St-Zip: FERNANDINA BCH, FL 32034

Title: S
Name: JONES, MATT
Address: 6230 CEDAR LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: KEN ARSENAULT

T

01/06/2012

Electronic Signature of Signing Officer or Director

Date