

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006630

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE BROKEN TEE AMATEUR GOLFERS ASSOCIATION, INC.

Current Principal Place of Business:

2512 TOMOKA AVENUE
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1803
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAYSON, GEORGE L SR.
2512 TOMOKA AVENUE
TITUSVILLE, FL 32780 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: DS () Delete
Name: FAYSON, GEORGE L
Address: 2572 TOMOKA AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: DP () Delete
Name: ALEXANDER, JIMMY
Address: 1595 PUTTER COURT
City-St-Zip: TITUSVILLE, FL 32780

Title: DT () Delete
Name: CORPENING, THOMAS
Address: 1650 TEE CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: DV () Delete
Name: WILLIAMS, ROBERT
Address: 1555 BANANA DR
City-St-Zip: TITUSVILLE, FL 32780

Title: DS () Delete
Name: OWENS, ALBERT
Address: P.O. BOX 561344
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

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

Title: DB () Change (X) Addition
Name: MCCORVEY, CRAIG
Address: 1043 JACARANDA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

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: CRAIG MCCORVEY

DB

04/06/2009

Electronic Signature of Signing Officer or Director

Date