

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000188

FILED
Apr 29, 2008
Secretary of State

Entity Name: ADAPTIVE GOLF FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

501 N. BENEVA RD.
SUITE 600
SARASOTA, FL 34232

New Principal Place of Business:

4607 S. TAMIAMI TRAIL
SARASOTA, FL 34231

Current Mailing Address:

501 N. BENEVA RD.
SUITE 600
SARASOTA, FL 34232

New Mailing Address:

4607 S. TAMIAMI TRAIL
SARASOTA, FL 34231

FEI Number: 65-0855020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINDSOR, DAVID B PSTD
6181 MEDICI COURT
301
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

WINDSOR, DAVID B PSTD
3606 BAY SHORE RD
SARASOTA, FL 34234 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WINDSOR, DAVID B
Address: 6181 MEDICI COURT UNIT 301
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: GOODLANDER, PAUL B
Address: 3695 BREEZEMONT DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: GOODLANDER, ROSANNE M
Address: 3695 BREEZEMONT DRIVE
City-St-Zip: SRASOTA, FL 34232

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WINDSOR, DAVID B
Address: 3606 BAY SHORE RD
City-St-Zip: SARASOTA, FL 34234

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

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

Title: D () Change (X) Addition
Name: WALTERS, KEN P
Address: 5043 MARSHFIELD RD
City-St-Zip: SARASOTA, FL 34235

Title: D () Change (X) Addition
Name: PEISO, JOE
Address: 5025 MARSHFIELD RD
City-St-Zip: SARASOTA, FL 34235

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: DAVID B WINDSOR

PSTD

04/29/2008

Electronic Signature of Signing Officer or Director

Date