

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003196

1. Entity Name
CLAY COUNTY GOLF CLASSIC, INC.



Principal Place of Business
**2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

Mailing Address
**P O BOX 515
PENNEY FARMS, FL 32079**



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3517823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KUHN, JAMES P
2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1107001399839
02/01/06-80030-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KUHN, JAMES P
2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SGROI, STEPHEN B
2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BROUGH, FRANK
2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
TEDDER, ROGER
2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
VANN, MARGARET L
2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

James P. Kuhn

James P. Kuhn

1-16-06

904-269-

5857 x302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #