2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N98000003196

Entity Name: CLAY COUNTY GOLF CLASSIC, INC.

Current Principal Place of Business:

2729 COUNTY ROAD 218
PENNEY FARMS, FL 32079

New Principal Place of Business:

Current Mailing Address:

P O BOX 515
PENNEY FARMS, FL 32079

New Mailing Address:

3393 WILDERNESS CIRCLE
MIDDLEBURG, FL 32068

FEI Number: 59-3517823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KUHN, JAMES P
3393 WILDERNESS CIRCLE
MIDDLEBURG, FL 32068 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: _____ 01/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KUHN, JAMES P
Address: 2729 COUNTY ROAD 218
City-St-Zip: PENNEY FARMS, FL 32079

Title: DV ( ) Delete
Name: SGROI, STEPHEN B
Address: 2729 COUNTY ROAD 218
City-St-Zip: PENNEY FARMS, FL 32079

Title: DS ( ) Delete
Name: BROUGH, FRANK
Address: 2729 COUNTY ROAD 218
City-St-Zip: PENNEY FARMS, FL 32079

Title: DT ( ) Delete
Name: TEDDER, ROGER
Address: 2729 COUNTY ROAD 218
City-St-Zip: PENNEY FARMS, FL 32079

Title: DTS (X) Delete
Name: VANN, MARGARET L
Address: 2729 COUNTY ROAD 218
City-St-Zip: PENNEY FARMS, FL 32079

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:

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: JAMES P. KUHN PRES 01/07/2009
Electronic Signature of Signing Officer or Director — Date