

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005986

FILED
Jul 08, 2004
Secretary of State

Entity Name: THE PLANTATION CHARITY TOURNAMENT, INC.

Current Principal Place of Business:

101 TABBY LANE
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

101 PLANTATION DR
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: 59-3543292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTLIN, FRED P.A.
MATTLIN & MCCLOSKEY
1900 GLADES RD, STE. 357
BOCA RATON, FL 33431 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: D () Delete
Name: ROBBINS, FRED
Address: 204 CANNON COURT EAST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ROBES, HOOD
Address: 112 REGENTS PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DOUGHTY, CRIS
Address: 112 SETTLERS ROW
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Delete
Name: WORNER, JACOB
Address: 124 TWELVE OAKS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Delete
Name: BORN, DONNA
Address: 152 GOVERNORS RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD (X) Delete
Name: FOREMAN, STEPHEN
Address: 112 LAUREL LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOOD, ROBERT
Address: 112 REGENTS PLACE
City-St-Zip: PONTE VEDRA, FL 32082

Title: VD (X) Change () Addition
Name: CLOSE, GARY
Address: 112 SURREY LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: TD (X) Change () Addition
Name: COOK, ROBERT
Address: 140 LAUREL LANE
City-St-Zip: PONTE VEDRA, FL 32082

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT HOOD

PD

07/08/2004

Electronic Signature of Signing Officer or Director

Date