

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005986

FILED
Jul 24, 2006
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MATTLIN, FRED P.A.
MATTLIN & MCCLOSKEY
1900 GLADES RD, STE. 357
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLOSE, GARY
Address: 112 SURREY LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: VD () Delete
Name: SCHOFIELD, BOBBIE
Address: 132 TWELVE OAKS LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: TSD () Delete
Name: ABNEY, MIKE
Address: 108 PLANTATION CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHOFIELD, BOBBIE
Address: 132 TWELVE OAKS LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: VD (X) Change () Addition
Name: CARITHERS, ROBERT
Address: 105 PLANTERS ROW W
City-St-Zip: PONTE VEDRA, FL 32082

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 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: BOBBIE SCHOFIELD

PD

07/24/2006

Electronic Signature of Signing Officer or Director

Date