2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # N99000001714 04-14-2005 90087 036 ****61.25 SERTOMA JUNIOR GOLF TOUR, INC. Principal Place of Business Mailing Address 47 W LAKE DAMON DRIVE 160 W LAKE TROUT DRIVE AVON PARK FL 33825 AVON PARK, FL 33825 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03282005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0918904 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GENTRY, PAMELA S** 160 W LAKE TROUT DRIVE Street Address (P.O. Box Number is Not Acceptable) AVON PARK, FL 33825 City Zip Code 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. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ■ Addition BEST, CHUCK NAME NAME STREET ADDRESS 90 LAKE TROUT DRIVE STREET ADORESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRINGTON, LAURIE NAME NAME **2221 U.S. HIGHWAY 27 SOUTH** STREET ADDRESS STREET ADDRESS SEBRING, FL 33870 CITY-ST-7IP CITY-ST-7IP TILE Delete TITI F Change ☐ Addition GENTRY, PAMELA S NAME 160 W LAKE TROUT DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ■ Addition WALKUP, PATRICIA NAME NAME 3703 SUNRISE DRIVE STREET ADDRESS STREET ADORESS CTY-ST-ZP SEBRING, FL 33872 CITY-ST-ZIP D Delete TITLE Chance ☐ Addition MCCLURG. THOMAS E MAME NAME STREET ADDRESS 5333 CAIRO DRIVE STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZP IIILE ☐ Delete Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 after like empowered.

FILED