

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005253

FILED  
Jan 14, 2004  
Secretary of State

**Entity Name:** AMERICAN JUNIOR BLIND GOLF FOUNDATION CORP.

**Current Principal Place of Business:**

711 EXECUTIVE DRIVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

711 EXECUTIVE DRIVE  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 31-1680254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, MARGE  
3615 LOCHINVAR LANE  
ORLANDO, FL 32803 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: ED ( ) Delete  
Name: DALTON, WORTH  
Address: 711 EXECUTIVE DR  
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) Delete  
Name: WOODS, MARGE  
Address: 3615 LOCHINVAR LN  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: NIX, G.E.  
Address: 3615 LOCHINVAR LN  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DALTON, WORTH  
Address: 711 EXECUTIVE DR  
City-St-Zip: WINTER PARK, FL 32789

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: MARGARET WOODS

STD

01/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date