2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000007445

Entity Name: LBGC JUNIOR GOLF FOUNDATION, INC.

Current Principal Place of Business:

9600 EAGLE PRESERVE DR
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

9600 EAGLE PRESERVE DR
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 65-0989654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAUDE, CINDY
9600 EAGLE PRESERVE DR.
ENGLEWOOD, FL 34224 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: VPD ( ) Delete
Name: BURKE, CHARLES
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD ( ) Delete
Name: CLAUDE, CINDY
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: P ( ) Delete
Name: HONEY, J. KIMPTON
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete
Name: MCMILLAN, SEWELL
Address: 9600 GAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete
Name: PEARAH, JODIE
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete
Name: FIELD, CHARLES
Address: 9600 EAGLE PRESERVW DR
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: CLAUDE, CINDY
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

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: D (X) Change ( ) Addition
Name: FIELD, CHARLES
Address: 9600 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 34224

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: CINDY CLAUDE ST 03/24/2009

Electronic Signature of Signing Officer or Director — Date