2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2007 8:00 am DOCUMENT # P12790 **Secretary of State** 1. Entity Name 01-26-2007 90041 001 ***150.00 CROQUET FOUNDATION OF AMERICA, INC. Principal Place of Business Mailing Address 700 FLORIDA MANGO RD. WEST PALM BEACH FL 33406 700 FLORIDA MANGO RD. WEST PALM BEACH FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 13-3008386 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGAL, BOBBI Street Address (P.O. Box Number is Not Acceptable) 700 FLORIDA MANGO RD. WEST PALM BEACH FL 33406 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. SIGNATURE Signature, typed or polited indue of registered agent and little if applicable DATE (NOTE: Registered Agent signature reduired when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. JOHN CURINGTON HITE Detete TITLE 305 PABLO ROAD PONTE VEDRA BEACH, FL 32082 NAME HIXON, WILLIAM NAMI STREET ADDRESS STREET ADDRESS 2112 W ROXTON CITY - St - ZIP HOUSTON TX 77065 11111 ☐ Delete HH NAMI KNOPF, TED NAMI STRELT ADDRESS STREEFADORESS 38 ISLAND ESTATE PARKWAY CHY ST ZIP PALM COAST FL 32137 CHY ST ZIP FREEMAN BERNE 9 BUFFLE HEAD COURT BALD HEAD ISLAND NC THEF Delete HITE NAMI NAMI CURNGTON, JOHN STREET ADDRESS STREET ADDRESS 305 PABLO ROAD CHY ST ZIP CITY ST-7IP PONTE VEDRA BEACH FL 32082 Delete HILL ☐ Addition NAME NAMI BERNE, FREEMAN STRUET ADDRESS STREET LADORESS 9 BUFFLEHEAD COURT CHY-ST-7IP CHY SL 7P HAMPSHIRE TN 38461 Change ши ☐ Defete ☐ Addition 111113 NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TRUE ☐ Defete ШШ Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP

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 eath, that I am an efficer or director of the corporation or the receiver or trustee ampowered 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 all other like empowered.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

FILED