

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18379

FILED
Mar 25, 2008
Secretary of State

Entity Name: NATIONAL GOLF FOUNDATION, INC.

Current Principal Place of Business:

1150 SOUTH U.S. HIGHWAY 1
STE 401
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

1150 SOUTH U.S. HIGHWAY 1
STE 401
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 36-2250699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: C () Delete
Name: KING, MARK
Address: 5545 FERMI COURT
City-St-Zip: CARLSBAD, CA 92008

Title: VC () Delete
Name: CONNOR, JIM
Address: 333 BRIDGE STREET
City-St-Zip: FAIRHAVEN, MA 02719

Title: ST () Delete
Name: MONA, STEPHEN F
Address: 1421 RESEARCH PARK DRIVE
City-St-Zip: LAWRENCE, KS 660493859

Title: PCEO () Delete
Name: BEDITZ, JOSEPH F.,
Address: 1150 SO US HWY 1, STE 401
City-St-Zip: JUPITER, FL 33477

Title: AS () Delete
Name: ISOM, KIMBERLY
Address: 1150 SO US HWY 1, STE 401
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CONNOR, JIM
Address: 333 BRIDGE STREET
City-St-Zip: FAIRHAVEN, MA 02719

Title: VC (X) Change () Addition
Name: THOMPSON, JIM
Address: 1150 SO US HWY 1, STE 401
City-St-Zip: JUPITER, FL 33477

Title: ST (X) Change () Addition
Name: MONA, STEPHEN F
Address: ONE WORLD GOLF PLACE
City-St-Zip: ST AUGUSTINE, FL 320922724

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 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: KIMBERLY ISOM

AS

03/25/2008

Electronic Signature of Signing Officer or Director

Date