

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 720866

**Entity Name:** MARIANNA GOLF ASSOCIATION, INC.

**Current Principal Place of Business:**

3309 CAVERNS ROAD  
MARIANNA, FL 32446

**Current Mailing Address:**

3309 CAVERNS ROAD  
MARIANNA, FL 32446

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WISE, GREG  
3309 CAVERNS ROAD  
MARIANNA, FL 32446 US

*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:** GREG WISE

09/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WISE, GREG  
Address        P.O. POX 765  
City-State-Zip: MARIANNA FL 32447

Title            VP  
Name            KENNY, HAMM  
Address        3490 LIVE OAK LN.  
City-State-Zip: MARIANNA FL 32446

Title            D  
Name            OLIVER, JIM  
Address        3309 CAVERNS RD  
City-State-Zip: MARIANNA FL 32446

Title            D  
Name            SHAWN, BYRUM  
Address        3309 CAVERNS ROAD  
City-State-Zip: MARIANNA FL 32446

Title            D  
Name            LASSMAN, TOMMY  
Address        3309 CAVERNS ROAD  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            SCARLETT, JEFF  
Address        3309 CAVERNS ROAD  
City-State-Zip: MARIANNA FL 32446

*I hereby 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 all other like empowered.*

**SIGNATURE:** GREG WISE

PRESIDENT

09/08/2015

Electronic Signature of Signing Officer/Director Detail

Date