#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004807

Entity Name: SAMUEL I. RUSSELL FOUNDATION, INC.

FILED
Apr 24, 2020
Secretary of State
9671021437CC

## **Current Principal Place of Business:**

312 ROSERY ROAD BELLEAIR, FL 33756

### **Current Mailing Address:**

312 ROSERY ROAD BELLEAIR, FL 33756

FEI Number: 45-5310467 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUSSELL, SAMUEL I, JR 312 ROSERY ROAD BELLEAIR, FL 33756 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: SAMUEL I. RUSSELL. JR. 04/24/2020

City-State-Zip:

Name

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

 Name
 RUSSELL, SAMUEL I. JR.
 Name
 KUHNS, MARK D. CGCS

 Address
 312 ROSERY ROAD
 Address
 DIRECTOR OF GROUNDS

**BALTUSROL GOLF CLUB 201** 

SPRINGFIELD NJ 07081

SHUNPIKE ROAD

Title DIRECTOR

BELLEAIR FL 33756

City-State-Zip:

Title

Name

Name SHAFFER, MATTHEW G. CGCS Title VP

Address 520 WEST MAINE STREET Name TAYLOR, NORMAN F.

City-State-Zip: BOALSBURG PA 16827 Address TAYLOR AND ASSOCIATES

425 W BROADWAY SUITE 220

CHRISTIAN, RICHARD E. JR., CGCS

Title SECRETARY, TREASURER City-State-Zip: GLENDALE CA 91204

Name LINDLEY, BRIAN

Address 3221 SEAVIEW AVENUE Title DIRECTOR

City-State-Zip: CORONA DEL MAR CA 92625

Address GOLF COURSE SUPERINTENDENT

PINE VALLEY GOLF CLUB EAST

DIRECTOR ATLANTIC AVENUE

TYRRELL , CURTIS CGCS, MG City-State-Zip: PINE VALLEY NJ 08021

Address DIRECTOR GOLF COURSE

OPERATIONS

DESERT HIGHLANDS GOLF CLUB
10040 EAST HAPPY VALLEY ROAD

Name RUSSELL, SAMUEL CGCS

City-State-Zip: SCOTTSDALE AZ 85255 Address 1221 DREW ST.

UNIT 4C

City-State-Zip: CLEARWATER FLORIDA 33755

**DIRECTOR** 

## Continues on page 2

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: SAMUEL RUSSELL PRESIDENT 04/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name STRAKA, JASON

Address 6940 RAYMOND DRIVE City-State-Zip: DUBLIN OH 43017