

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008727

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC7587706460**

**Entity Name:** FOUR GOLF LEGENDS, INC.

**Current Principal Place of Business:**

2000 E. 12TH AVE.  
STE. 5942  
TAMPA, FL 33675

**Current Mailing Address:**

2000 E. 12TH AVE.  
STE. 5942  
TAMPA, FL 33675

**FEI Number:** 30-0750210

**Certificate of Status Desired:** No

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

SHAW, GEORGE E  
2000 E. 12TH AVE.  
STE. 5942  
TAMPA, FL 33675 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TS  
Name LOWE, DIASHEY  
Address 2000 E. 12TH AVE., STE. 5942  
City-State-Zip: TAMPA FL 33675

Title P  
Name SHAW, GEORGE E  
Address 2000 E. 12TH AVE., STE. 5942  
City-State-Zip: TAMPA FL 33675

Title VP  
Name GLOVER, DERLYN E  
Address 2000 E. 12TH AVE., STE. 5942  
City-State-Zip: TAMPA FL 33675

*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:** GEORGE E SHAW

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date