

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18379

Entity Name: NATIONAL GOLF FOUNDATION, INC.**Current Principal Place of Business:**501 N HIGHWAY A1A
JUPITER, FL 33477**Current Mailing Address:**501 N HIGHWAY A1A
JUPITER, FL 33477 US**FEI Number:** 36-2250699**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	PCEO
Name	NATHAN, GREGORY
Address	501 N HIGHWAY A1A
City-State-Zip:	JUPITER FL 33477

Title	AS
Name	FITZGERALD, HEATHER
Address	501 N HIGHWAY A1A
City-State-Zip:	JUPITER FL 33477

Title	VC
Name	SCHANTZ, TIM
Address	15044 N. SCOTTSDALE ROAD SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85254

Title	DIRECTOR
Name	SOLHEIM, JOHN K
Address	P.O. BOX 82000
City-State-Zip:	PHOENIX AZ 85071

Title	DIRECTOR
Name	MCCARLEY, MIKE
Address	7580 GOLF CHANNEL DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	BROHOLM, ANNE
Address	270 SAMUEL BARNET BLVD
City-State-Zip:	NEW BEDFORD MA 02745

Title	DIRECTOR
Name	ASSELL, JOE
Address	67 INVERNESS DRIVE EAST SUITE A
City-State-Zip:	ENGELWOOD CO 80112

Title	CHAIRMAN
Name	BEDITZ, JOSPEH
Address	501 N HIGHWAY A1A
City-State-Zip:	JUPITER FL 33477

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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: HEATHER FITZGERALD**ASSISTANT SECRETARY** 03/25/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FUNK, EDRIC
Address 8111 LYNDAL AVE S
City-State-Zip: BLOOMINGTON MN 55420-1136

Title DIRECTOR
Name KESSLER, CRAIG
Address 1916 PGA PKWY
City-State-Zip: FRISCO TX 75033-0819

Title DIRECTOR
Name COTTRILL, GEOFF
Address 8750 N CENTRAL EXPY STE 1200
City-State-Zip: DALLAS TX 75231-6430