


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 033 ****61.25

DOCUMENT # N96000001704 1. Entity Name THE GARY PLAYER FOUNDATION, INC.					
Principal Place of Business 3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box # 11390 North Sic Road Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens FL Zip 33418		3. Mailing Address 11390 North Sic Road Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens, FL Zip 33418			
Country USA		Country USA			
6. Name and Address of Current Registered Agent PLAYER, MARC B 3930 RCA BLVD SUITE 3001 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name MARC B. Player Street Address (P.O. Box Number is Not Acceptable) 11390 North Sic Road Suite 100 City Palm Beach Gardens FL Zip Code 33418		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Marc Player</i></u> DATE <u>4/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POKORNY, JAMES R 3550 LANDER ROAD, STE 200 REPPER PIKE, OH 44124		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POKORNY, James R 8401 Chigrid Road Suite 16 Chigrid Ohio 44083	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLAYER, MARC B 3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Player, Marc B 11390 North Sic Road Suite 100 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Marc Player</i></u> DATE <u>4/17/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					