2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001704

Entity Name: THE GARY PLAYER FOUNDATION, INC.

FILED May 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11390 NORHT JOE ROAD 11390 NORHT JOG ROAD

STE 100 **STE 100**

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

11390 NORHT JOE ROAD 11390 NORHT JOG ROAD

STE 100 STE 100

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

FEI Number: 31-1485046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PLAYIR, MARC B PLAYOR, MARC B 11390 NORTH JOE ROAD 11390 NORTH JOG ROAD

STE 100 STE 100

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 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: JIM POKORNEY

05/13/2009 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

POKOREY, JAMES R POKORNEY, JAMES R Name: Name: 8401 CHREFIN R OAD STE 16 Address: 8401 CHAGRIN ROAD, SUITE 16 Address: City-St-Zip: ANDOVER, OH 44003 City-St-Zip: CHAGRIN FALLS, OH 44003

(X) Change () Addition Title: () Delete Title:

Name: PLAYER, MARC B Name: PLAYER, MARC B

Address: 11390 NORTH JOE ROAD STE 100 Address: 11390 NORTH JOG ROAD SUITE 100 City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEIRDRE SMITH, FINANCIAL CONTROLLER MRS 05/13/2009