

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE,
 Sandra B. Mathern
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **741823** (9)
 1. Corporation Name
PGA FOUNDATION, INC.

Principal Place of Business Mailing Address
100 AVENUE OF THE CHAMPIONS **100 AVENUE OF THE CHAMPIONS**
PALM BEACH GARDENS FL 33418-3653 **PALM BEACH GARDENS FL 33418-3653**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 36. Date of Last Report
02/24/1978 **02/04/1994**
 4. FEI Number Applied For
59-1809626 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOLSHOUSER, JESSE A. III
100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GCHAL, GARY-
STREET ADDRESS	BEER TRACK COUNTRY CLUB
CITY - ST - ZIP	SURFSIDE BEACH SC
TITLE	MD
NAME	AWTREY, JIM
STREET ADDRESS	100 AVE OF THE CHAMPIONS
CITY - ST - ZIP	PALM BEACH GRDN FL
TITLE	SD - VD
NAME	LINDSAY, KEN
STREET ADDRESS	5635 OLD CANTON RD.
CITY - ST - ZIP	JACKSON MS
TITLE	VD
NAME	ADDIS, THOMAS
STREET ADDRESS	SINGING HILLS COUNTRY CL
CITY - ST - ZIP	EL CAJON CA
TITLE	Y
NAME	POTTINGER, KIRK
STREET ADDRESS	100 AVENUE OF TH CHAMPIONS
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Thomas H. Addis, III
13 STREET ADDRESS	Singing Hills Country & Club
14 CITY - ST - ZIP	El Cajon, California
21 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Will Mann
23 STREET ADDRESS	Quarry Hills Country Club
24 CITY - ST - ZIP	Graham, North Carolina
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Jim L. Awtrey, MD 4/11/95 (407) 624-8400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

741823

ADDITIONAL OFFICERS and DIRECTORS

CFO

Holshouser, Jesse A.
100 Avenue of the Champions
Palm Beach Gardens, Florida 33418

COO

Bogin, Paul
100 Avenue of the Champions
Palm Beach Gardens, Florida 33418

Asst. S

Garrity, Christine M.
100 Avenue of the Champions
Palm Beach Gardens, Florida 33418

D

Crawford, Terry
H.B. Brownson Country Club
15 Soundview Avenue
Huntington, Connecticut 06484

D

Connelly, Jack
Huntingdon Valley Country Club
2295 Country Club Drive
Huntingdon Valley, Pennsylvania 19006

D

Porter, Jeff
Lochland Country Club
Route 4, Box 1011
Hastings, Nebraska 68902

D

Whittaker, V. Scott
Bountiful City Golf Course
2430 South Bountiful Boulevard
Bountiful, Utah 84010

D

Sluciak, Frank
826 Club Drive
Palm Beach Gardens, Florida 33418

741823

D
Kennedy, Roger B.
1130 N.E. 26th Avenue
Pompano Beach, Florida 33062

D
Crane, Fenwick J.
47-160 West Eldorado Drive
Indian Wells, California 92210

D
Krause, Brent
Wynlakes Golf and Country Club
7900 Wynlakes Boulevard
Montgomery, Alabama

D
Taylor, Gary
Columbus Country Club
4831 East Broad Street
Columbus, Ohio 43213

D
Adlington, Greg
Brynwood Country Club
6200 West Good Hope Road
Milwaukee, Wisconsin 53223

D
Ball, Steve
Ball Golf Center
7501 North Robinson
Oklahoma City, Oklahoma 73116

D
Majewski, Hank
Wakefield Valley Golf Club
1000 Fenby Road
Westminster, Maryland 21157

D
Dickey, Perry
SeaCliff Country Club
6501 Palm Avenue
Huntington Beach, California 92648

14/823

D

Eschenbrenner, Bill
El Paso Country Club
5000 Country Club Place
El Paso, Texas 79922

D

Kennedy, Roger B.
1130 N.E. 26th Avenue
Pompano Beach, Florida 33062

D

Crane, Fenwick J.
47-160 West Eldorado Drive
Indian Wells, California 92210

D

Love III, Davis
P.O. Box 959
Sea Island, Georgia 31561

D

Cox, John L.
P.O. Box 2217
Midland, Texas 79702-2217

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1995

DOCUMENT # 741923 (7)

HERNANDO COUNTY PROFESSIONAL ORGANIZATION, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business 81 MARKHAM LANE BROOKSVILLE FL 34601-2770 US	Mailing Address 81 MARKHAM LANE BROOKSVILLE FL 34601-2770 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/08/1978	3a. Date of Last Report 07/25/1994
4. FEI Number 59-1805971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199 (3) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**INMON, BONATHA G.
8454 MARKHAM LN.
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	81 Markham Lane
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	S
NAME	YANT, CHRISTINE
STREET ADDRESS	12477 JOCELYN WAY
CITY - ST - ZIP	SPRING HILL FL
TITLE	D
NAME	HAMILTON, LORENZO
STREET ADDRESS	P. O. BOX 1161 N/A
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	D
NAME	YANT, JAMES
STREET ADDRESS	12477 JOCELYN WAY
CITY - ST - ZIP	SPRING HILL FL
TITLE	P
NAME	INMON, BONATHA G.
STREET ADDRESS	81 MARKHAM LANE
CITY - ST - ZIP	BROOKSVILLE, F L
TITLE	V
NAME	INMON, RICHARD SR.
STREET ADDRESS	81 MARKHAM LANE
CITY - ST - ZIP	BROOKSVILLE, F L
TITLE	D
NAME	ROBINSON, WILLIAM
STREET ADDRESS	900 EMERSON ROAD
CITY - ST - ZIP	BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonatha G. Inmon Bonatha G. Inmon 4-18-95 904-666-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initial Phone #)

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DOCUMENT # 741941 (9)

STIRRUP GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3412 FRANKLIN AVENUE C/O MARION B. RICHEY, TREASURER MIAMI FL 33133	3412 FRANKLIN AVENUE C/O MARION B. RICHEY, TREASURER MIAMI FL 33133

2. Principal Place of Business	2a. Mailing Address
21 LANDMARK PROPERTIES INC	Landmark Properties Inc
22 1000 PONCE DE LEON BLVD	1000 Ponce de Leon Blvd.
SUITE # 204	Suite # 204
23 CORAL GABLES 33134	Coral Gables 33134.
24	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/10/1978	05/01/1994
4. FEI Number	Applied For
59-1888203	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under R. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RICHEY, MARION
3412 FRANKLIN AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 No	C/O. R. Navarro. Landmark Properties Inc
82 Str	1000. Ponce de Leon. Blvd.
83 City	C Suite # 204 Coral Gables 33134.
84 Crt	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary B. Stein Feller (TREASURER) DATE: 4/15/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, MARY
STREET ADDRESS	3414 FRANKLIN AVE.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	SD
NAME	WELCH, GENEVIA
STREET ADDRESS	3351 FRANKLIN AVE.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	TD
NAME	RICHEY, MARION
STREET ADDRESS	3412 FRANKLIN
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SECTY, STELLA ANDERSON
STREET ADDRESS	3402 FRANKLIN AVE
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	WEINSIMMER, GLEN
STREET ADDRESS	3418 FRANKLIN AVE
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	RICHARDS, MARY
STREET ADDRESS	3347 FRANKLIN AVE.
CITY - ST - ZIP	MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TREASURER D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEIN - FERREL, MARY.	
13 STREET ADDRESS	Same.	
14 CITY - ST - ZIP		
21 TITLE	B. SCOTT, KEVIN D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	3353 FRANKLIN AVE	
24 CITY - ST - ZIP	MIAMI FLA. 33133	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	SECRETARY. D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CHESBOROUGH TOM	
43 STREET ADDRESS	3422 FRANKLIN AVE.	
44 CITY - ST - ZIP	MIAMI FLA 33133.	
51 TITLE	PRESIDENT. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	WEINSIMMER GLEN	
53 STREET ADDRESS	3418 FRANKLIN AVE.	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person; 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Mary B. Stein Feller (TREASURER) DATE: 4/15/95 446 4817

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1995

DOCUMENT # 742928 (5)

PLACID LAKES HOME AND PROPERTY OWNERS ASSOCIATION, INC.

LAKE PLACID, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
236 LIME ROAD NW P.O. BOX 1966 LAKE PLACID FL 33852		111 LINCOLN RD NW P.O. BOX 1966 LAKE PLACID FL 33852 US		3. Date Incorporated or Qualified 05/19/1978	3a. Date of Last Report 04/29/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1972175	Applied For Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIDES, THOMAS J 111 LINCOLN RD NW LAKE PLACID FL 33852				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAM, SUSAN	12 NAME	
STREET ADDRESS	272 CUMQUAT RD NE	13 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	Pres/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDES, TOM	22 NAME	
STREET ADDRESS	111 LINCOLN RD NW	23 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKER, DEAN	32 NAME	
STREET ADDRESS	109 LINCOLN RD NW	33 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	Treas/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, CHARLES K	42 NAME	Lisa Sherman
STREET ADDRESS	827 APPLE AVE NW	43 STREET ADDRESS	139 Lincoln Rd NW
CITY - ST - ZIP	LAKE PLACID FL	44 CITY - ST - ZIP	Lake Placid, FL 33852
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIER, MARK H	52 NAME	
STREET ADDRESS	242 LOQUAT RD NW	53 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNFEE, DAVID	62 NAME	
STREET ADDRESS	3801 JEFFERSON AVE	63 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	64 CITY - ST - ZIP	

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SIGNATURE: Lisa Sherman Lisa Sherman 5-1-95 813 465-2835
(Name) (Address/Phone #)

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1995

DOCUMENT # 743278 (4)

NORTHWEST FLORIDA LEGAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
24 WEST GOVERNMENT STREET P.O. BOX 1551 PENSACOLA FL 32597		24 WEST GOVERNMENT STREET P.O. BOX 1551 PENSACOLA FL 32597		3. Date Incorporated or Qualified 06/15/1978	3a. Date of Last Report 05/01/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1817996	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
24	Country	29	Country	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FORD, C.V. 24 WEST GOVERNMENT SUITE 205 PENSACOLA FL 32501				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNHEISSER, THOMAS V	12 NAME	Blanchard, M. Robert
STREET ADDRESS	801 CAROLINE ST	13 STREET ADDRESS	226 South Palafox Street
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	Pensacola, Florida 32501
TITLE	VD	21 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNCO, KATHRYN L.	22 NAME	Stebbins, Michael J.
STREET ADDRESS	304 E. GOVERNMENT ST	23 STREET ADDRESS	15 W. Main Street
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, Florida 32501
TITLE	SD	31 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, GEORGIA	32 NAME	Hinesmon, Willie
STREET ADDRESS	1913 N. ALCANIZ ST.	33 STREET ADDRESS	22 Brigadier Street
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola, Florida 32507
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, JOHN	42 NAME	
STREET ADDRESS	703 SOUTH PALAFOX STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LEWIS C REV	52 NAME	Dannheisser, Thomas V.
STREET ADDRESS	811 NORTH 'E' STREET	53 STREET ADDRESS	801 Caroline Street
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	61 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, LOIS	62 NAME	Peterson, Ralph A.
STREET ADDRESS	1980 W GODFREY ST., APT A	63 STREET ADDRESS	3 West Garden Street - Blount Building
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	Pensacola, Florida 32501

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] Executive Director Date: 4/24/95 (904) 432-2336, ext. 21

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1995



APR 15 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743526 (6)

CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB
INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 615 RIDGEVIEW CIR P. O. BOX 791 CLEWISTON FL 33440 US		Mailing Address PO BOX 791 CLEWISTON FL 33440 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 615 RIDGEVIEW CIRCLE		2a. Mailing Address 26 P.O. BOX 791		3. Date Incorporated or Qualified 07/11/1978	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report 04/25/1994	
23 City & State CLEWISTON, FL.		28 City & State clewiston, fl.		4. FEI Number 59-1849406	
24 Zip 33440		25 Country HENDRY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33440		30 Country HENDRY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PINTO, ROSE-MARY 617 W HAITI CLEWISTON FL 33440		10. Name and Address of New Registered Agent		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX \$68.75 Supplemental Fee Not Required	
81 Name ANITA Y. SHADE		82 Street Address (P.O. Box Number is Not Acceptable) 615 RIDGEVIEW CIRCLE		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
83		84 City CLEWISTON		85 Zip Code FL 33440	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Anita Y. Shade* DATE *4/18/95*

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME PINTO, ROSE M	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 617 W. HAITI	CITY-ST-ZIP CLEWISTON, FL 0	1.2 NAME NITA CHOBIN	
		1.3 STREET ADDRESS 204 SAN GABRIEL	
		1.4 CITY-ST-ZIP CLEWISTON, FL. 33440	
TITLE VD	NAME SHADE, ANITA	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 615 RIDGEVIEW CIR	CITY-ST-ZIP CLEWISTON, FL 0	2.2 NAME JUANITA JAMES	
		2.3 STREET ADDRESS 1200 CAROLINA AVE.	
		2.4 CITY-ST-ZIP CLEWISTON, FL. 33440	
TITLE TD	NAME FIELDS, DOROTHY	3.1 TITLE 2nd VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT. 2 BOX 173 E	CITY-ST-ZIP CLEWISTON FL	3.2 NAME ROSE-MARY PINTO	
		3.3 STREET ADDRESS 617 W. HAITI	
		3.4 CITY-ST-ZIP CLEWISTON, FL. 33440	
TITLE PD	NAME HORN, KATHLEEN L	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ART LAWRENCE RD.	CITY-ST-ZIP CLEWISTON, FL 0	4.2 NAME ANITA Y. SHADE	
		4.3 STREET ADDRESS 615 RIDGEVIEW CIRCLE	
		4.4 CITY-ST-ZIP CLEWISTON, FL. 33440	
TITLE SD	NAME CARLOTA, FRANCIS	5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 SAGINAW AVE.	CITY-ST-ZIP CLEWISTON, FL 0	5.2 NAME CONNIE BROWN	
		5.3 STREET ADDRESS 720 BOWDEN RD.	
		5.4 CITY-ST-ZIP CLEWISTON, FL. 33440	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or (Block 13) if changed, or on an attachment with an address.

SIGNATURE *Anita Y. Shade* ANITA Y. SHADE DATE *4/18/95* 407-996-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR