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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741823 (9)

1. Corporation Name
PGA FOUNDATION, INC.



Principal Place of Business 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418-3653	Mailing Address 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418
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3. Date Incorporated or Qualified 02/24/1978	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1809626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and filed applicable (NOT) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ADDIS, THOMAS H. III	
STREET ADDRESS	SINGING HILLS COUNTRY CLUB	
CITY-ST-ZIP	EL CAJON CA	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	AWTREY, JIM	
STREET ADDRESS	100 AVE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GRDN FL	
TITLE	VP PD	<input type="checkbox"/> DELETE
NAME	LINDSAY, KEN	
STREET ADDRESS	5635 OLD CANTON RD.	
CITY-ST-ZIP	JACKSON MS	
TITLE	SB-VP D	<input type="checkbox"/> DELETE
NAME	MANN, WILL	
STREET ADDRESS	QUARRY HILLS COUNTRY CLUB	
CITY-ST-ZIP	GRAHAM NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POTTINGER, KIRK	
STREET ADDRESS	100 AVENUE OF TH CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	BOGIN, PAUL	
STREET ADDRESS	100 AVENUE OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOLSHOUSER, JESSE	
1.3 STREET ADDRESS	100 Avenue of the Champions	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
2.1 TITLE	ASST. SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARRITY, CHRISTINE	
2.3 STREET ADDRESS	100 Avenue of the Champions	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
3.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONNELLY, JACK	
3.3 STREET ADDRESS	100 Avenue of the Champions	
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

SIGNATURE _____ DATE _____

ADDITIONAL DIRECTORS

D

Morosco, Tony
100 Avenue of the Champions
Palm Beach Gardens, FL

D

Krause, Brent
7900 Wynlakes Blvd.
Montgomery, AL

D

Richardson, Jim
630 Brackenwood Cove
Palm Beach Gardens, FL

D

Adlington, Greg
6200 W. Good Hope Road
Milwaukee, WI

D

Ball, Steve
7501 North Robinson
Oklahoma City, OK

D

Zinne, Mike
P.O. Box 3122
Mankato, MN

D

Kline, Vic
100 Avenue of the Champions
Palm Beach Gardens, FL

D

Sauer, George
100 Greenbrook Road
N. Caldwell, NJ

D

Marshaus, Stanley
Route 394
Chautauqua, NY

D

Clemmer, Bill
761 Club Drive
Stanley, NC

D

Dickey, Perry
5891 Midway Drive
Huntington Beach, CA

D

Eschenbrenner, Bill
5000 Country Club Place
El Paso, TX

D

Oreder, M.G.
P.O. Box 951437
Lake Mary, FL

D

Wattenburger, Bruce
100 Avenue of the Champions
Palm Beach Gardens, FL