

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G98049** (1)

1. Corporation Name

ROLAND STAFFORD GOLF SCHOOL, INC.

Principal Place of Business

Mailing Address

~~4328 G HAZEL AVE 201 OCEAN KEY WAY~~
~~PALM BEACH GARDENS FL 33410~~
JUPITER, FL 33477

~~4328 G HAZEL AVE 201 OCEAN KEY WAY~~
~~PALM BEACH GARDENS FL 33410~~
JUPITER, FL 33477



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1984		3a. Date of Last Report 03/28/1995	
21		26		4. FEI Number 59-2404054		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**MCWEBB, RUTH
613 ROYAL CREST WAY
BRANDON FL 33511**

10. Name and Address of New Registered Agent

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

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 is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, ROLAND	1.2 NAME	
STREET ADDRESS	4328 HAZEL AVENUE 201 OCEAN KEY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL JUPITER, FL 33477	1.4 CITY-ST-ZIP	
TITLE	DSP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, SUSAN P.	2.2 NAME	
STREET ADDRESS	4328 HAZEL AVENUE 201 OCEAN KEY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL JUPITER, FL 33477	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(94)

586-394

CR2E034 (12/95)