

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # *N15035 (1)*  
1. Corporation Name  
*Junior Golf Association of Central Florida, Inc.*

400001771284  
-04/05/96--01089--014  
\*\*\*70.00

Principal Place of Business  
*P.O. Box 180255  
Casselberry, Fl. 32718*

Mailing Address  
*46 Fred Venturoni  
800 N. Magnolia Ave  
Suite 202  
Orlando, Fl. 32803*

3. Date Incorporated or Qualified *5-14-1986* 3a. Date of Last Report *NA*

4. FEI Number *59-2805308* Applied For 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country

*46 Fred Venturoni  
800 N. Magnolia Ave.  
Suite 202  
Orlando Florida  
32803 Orange*

9. Name and Address of Current Registered Agent  
*Smith, Gene P  
6599 Herrick Dr.  
Orlando, Fl. 32810*

10. Name and Address of New Registered Agent  
81 Name *Fredrick C. Venturoni*  
82 Street Address (P.O. Box Number is Not Acceptable) *836 Chickapee Trail*  
83 City *Maitland* FL 85 Zip Code *32751*

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 617.0502, Florida Statutes.

SIGNATURE *Fredrick C. Venturoni* *Fredrick C. Venturoni Treasurer 3-21-96* DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>P</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Degenhart, Larry</i>	
STREET ADDRESS	<i>1600 Sandpiper Trail</i>	
CITY - ST - ZIP	<i>Casselberry, Fl</i>	
TITLE	<i>V</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Timin, Richard</i>	
STREET ADDRESS	<i>547 Collins Road St.</i>	
CITY - ST - ZIP	<i>Deltoney, Fl</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Smith, Gene</i>	
STREET ADDRESS	<i>6599 Herrick Dr.</i>	
CITY - ST - ZIP	<i>Orlando, Fl</i>	
TITLE	<i>P</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Rogers, Richard</i>	
STREET ADDRESS	<i>4056 Misty Morning Plaza</i>	
CITY - ST - ZIP	<i>Casselberry, Fl.</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Hudson, Cheryl</i>	
STREET ADDRESS	<i>P.O. Box 561045</i>	
CITY - ST - ZIP	<i>Orlando, Fl</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Mark Freeman</i>	
1.3 STREET ADDRESS	<i>1055 Tuscan Place</i>	
1.4 CITY - ST - ZIP	<i>Winter Park, Fl 32789</i>	
2.1 TITLE	<i>K.P.</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Ken Pomeroy</i>	
2.3 STREET ADDRESS	<i>Rollins College</i>	
2.4 CITY - ST - ZIP	<i>Winter Park, Fl. 32789</i>	
3.1 TITLE	<i>SEC/Treasurer</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Fred Venturoni</i>	
3.3 STREET ADDRESS	<i>836 Chickapee Trail</i>	
3.4 CITY - ST - ZIP	<i>Maitland, Fl 32751</i>	
4.1 TITLE	<i>R</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Richard McEllon</i>	
4.3 STREET ADDRESS	<i>3486 Button Bush Dr.</i>	
4.4 CITY - ST - ZIP	<i>Zellwood, Fl. 32798</i>	
5.1 TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Donald Gibby</i>	
5.3 STREET ADDRESS	<i>2011 East Lake Dr.</i>	
5.4 CITY - ST - ZIP	<i>Zellwood, Fl. 32798</i>	
6.1 TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>Ston Shaw</i>	
6.3 STREET ADDRESS	<i>121 White Caps Circle</i>	
6.4 CITY - ST - ZIP	<i>Maitland, Fl 32751</i>	

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: *Fredrick C. Venturoni* *Fredrick C. Venturoni Treasurer 3-21-96* DATE *407*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *236-5026*

CR2E037 (12/95)