

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 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 # N15035 (1)
1. Corporation Name
JUNIOR GOLF ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business P O BOX 180955 CASSELBERRY FL 32718	Mailing Address C/O FRED VENTURONI 800 N. MAGNOLIA AVE., STE 202 ORLANDO FL 32803-3280
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3. Date Incorporated or Qualified 05/14/1986	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-2805308	Applied For 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 s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VENTURONI, FREDERICK C.
836 CHICKAPEE TRAIL
MAITLAND FL 32751**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FREEMON, MARK	
STREET ADDRESS	1055 TUSCONX PLACE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POSNER, KEN	
STREET ADDRESS	ROLLINS COLLEGE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VENTURONI, FRED	
STREET ADDRESS	836 CHICKAPEE TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLELLON, RICHARD	
STREET ADDRESS	3436 BUTTON BUSH DR	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, DONALD	
STREET ADDRESS	2011 EAST LAKE DR.	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, STAN	
STREET ADDRESS	121 WHITE CAPS CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE: *Fred Venturoni* **QUESTED** 1-13-97 407-236-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016319

CR2E037 (9/96)