


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.		
Principal Place of Business	Mailing Address	



P O BOX 180955 CASSELBERRY FL 32718		C/O FRED VENTURONI 800 N. MAGNOLIA AVE. STE 202 ORLANDO FL 32803		3. Date Incorporated or Qualified 05/14/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-2805308	
				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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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) 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMON, MARK	1.2 NAME	
STREET ADDRESS	1055 TUSCONX PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, KEN	2.2 NAME	
STREET ADDRESS	ROLLINS COLLEGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTURONI, FRED	3.2 NAME	
STREET ADDRESS	836 CHICKAPEE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLON, RICHARD	4.2 NAME	
STREET ADDRESS	3436 BUTTON BUSH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, DONALD	5.2 NAME	
STREET ADDRESS	2011 EAST LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, STAN	6.2 NAME	
STREET ADDRESS	121 WHITE CAPS CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	6.4 CITY-ST-ZIP	

14. I 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 **FRED** 1-5-98 407-256-5026

CR2E037 (10/97)