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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15035

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
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>c/o Fred Venturoni JGM</i>	3. Date Incorporated or Qualified 05/14/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>P.O. Box 180955</i>	4. FEI Number 59-2805308
City & State 23	City & State 28 <i>Casselberry, Fl.</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29 <i>32718</i> 30 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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)
1650 Apache Trail

83

84 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FREEMON, MARK	
STREET ADDRESS	1055 TUGGONX 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>Tuscany Place</i>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>1650 Apache Trail</i>
3.4 CITY-ST-ZIP	<i>Maitland, FL 32751</i>
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	<i>Receival</i>
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **SIGNATURE: *Fred Venturoni*** *1-5-99 407-2565026*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)