

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12: 18

DOCUMENT # N18472 (3)

1. Corporation Name
PGA TOUR CHARITIES, INC.

Principal Place of Business Mailing Address
HELEN S ATTER **HELEN S ATTER**
112 TPC BLVD. 112 TPC BLVD.
PONTE VERDE BEACH FL 32082 PONTE VEDRA BCH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/29/1986** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2774423** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ATTER, HELEN S
112 TPC BLVD.
PONTE VEDRA BEACH FL 32082

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 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 _____ (NOTE: Registered Agent signature measured when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DC
NAME BEMAN, DEANE R.
STREET ADDRESS 117 CARRIAGE LAMP WAY
CITY - ST - ZIP PONTE VEDRA BEACH FL
TITLE BY
NAME FINCHEM, TIMOTHY W.
STREET ADDRESS 12612 MARSH CREEK DRIVE
CITY - ST - ZIP PONTE VEDRA BEACH FL
TITLE DPT
NAME FERRIS, RICHARD J.
STREET ADDRESS 1436 RIDGE ROAD
CITY - ST - ZIP NORTHBROOK IL
TITLE D
NAME SLUMAN, JEFF
STREET ADDRESS PLAYERS GROUP, 8251 GREENSBORO DR.
CITY - ST - ZIP MCLEAN VA
TITLE D
NAME SCHAAL, GARY
STREET ADDRESS DEAR TRACK CC, 460 PLATT BLVD.
CITY - ST - ZIP SURFSIDE BCH FL
TITLE D
NAME FEHR, RICK
STREET ADDRESS 2014 222ND AVE., NE
CITY - ST - ZIP REDMOND WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D** Change Addition
1.2 NAME **ADDIS, TOM, III**
1.3 STREET ADDRESS **3007 DEHESA ROAD**
1.4 CITY - ST - ZIP **EL CAJON, CALIFORNIA 92019**
2.1 TITLE **D COMMISSIONER** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **32082**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **60062**
4.1 TITLE **D** Change Addition
4.2 NAME **LOVE, DAVIS III**
4.3 STREET ADDRESS **228 KINGS WAY**
4.4 CITY - ST - ZIP **ST. SIMONS ISLAND, GEORGIA 31522**
5.1 TITLE **D** Change Addition
5.2 NAME **HAAS, JAY**
5.3 STREET ADDRESS **4 TUSCANY COURT**
5.4 CITY - ST - ZIP **GREER, SOUTH CAROLINA 29650**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP **98053**

CONTINUED

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. Triola
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES C. TRIOLA, SECRETARY

April 7, 1995 (904) 285-3700

PGA TOUR CHARITIES, INC.

Item 12. Officers and Directors (continued)

7.1	Title:	D/V
7.2	Name:	Moorhouse, Edward L.
7.3	Address:	2403 Ponte Vedra Boulevard
7.4	City-St-Zip:	Ponte Vedra Beach, FL 32082
8.1	Title:	D/V
8.2	Name:	Wulff, Thomas
8.3	Address:	110 Veterans Memorial Building, Suite 170
8.4	City-St-Zip:	Metairie, LA 70005
9.1	Title:	S
9.2	Name:	Triola, James C.
9.3	Address:	1165 Salt Marsh Circle
9.4	City-St-Zip:	Ponte Vedra Beach, FL 32082