

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

NONPROFIT CORPORATION\*  
ANNUAL REPORT  
**1996**



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

1 of 2

**DOCUMENT # N18472 (3)**

1. Corporation Name  
**PGA TOUR CHARITIES, INC.**



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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/29/1986**      **04/12/1995**

4. FEI Number      Applied For  
**59-2774423**      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      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

**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      85 Zip Code

**FL**

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          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>ADDIS, TOM I</b>            |  |
| STREET ADDRESS | <b>3007 DEHESA ROAD</b>        |  |
| CITY-ST-ZIP    | <b>EL CAJON CA</b>             |  |
| TITLE          | <b>DC</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>FINCHEM, TIMOTHY W.</b>     |  |
| STREET ADDRESS | <b>12612 MARSH CREEK DRIVE</b> |  |
| CITY-ST-ZIP    | <b>PONTE VEDRA BEACH FL</b>    |  |
| TITLE          | <b>DPT</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>FERRIS, RICHARD J.</b>      |  |
| STREET ADDRESS | <b>1436 RIDGE ROAD</b>         |  |
| CITY-ST-ZIP    | <b>NORTHBROOK IL</b>           |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>LOVE, DAVIS I</b>           |  |
| STREET ADDRESS | <b>228 KINGS WAY</b>           |  |
| CITY-ST-ZIP    | <b>ST SIMONS ISLAND GA</b>     |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>HAAS, JAY</b>               |  |
| STREET ADDRESS | <b>4 TUSCANY COURT</b>         |  |
| CITY-ST-ZIP    | <b>CREER SC</b>                |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FEHR, RICK</b>              |  |
| STREET ADDRESS | <b>2014 222ND AVE., NE</b>     |  |
| CITY-ST-ZIP    | <b>REOMOND WA</b>              |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    | <b>92019</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    | <b>32082</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    | <b>60062</b>  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Love, Davis III</b>  |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    | <b>31522</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    | <b>29650</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 6.2 NAME           | <b>D O'Meara, Mark</b>  |
| 6.3 STREET ADDRESS | <b>6312 Deacon Circle</b>   |
| 6.4 CITY-ST-ZIP    | <b>Windermere, FL 34786</b>   |

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:** *James C. Triola*      **April 16, 1996**      **904/285-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**James C. Triola, Secretary**

CR2E037 (12/95)

PGA TOUR CHARITIES, INC.

Item 12. Officers and Directors (continued)

Title D/V  
Name Moorhouse, Edward L.  
Address 8009 Whisper Lake Lane East  
City-St-Zip Ponte Vedra Beach, FL 32082

Title D/V  
Name Stevens, Michael  
Address 4 Sawgrass Village, Suite 220A  
City-St-Zip Ponte Vedra Beach, FL 32082

Title S  
Name Triola, James C.  
Address 1165 Salt Marsh Circle  
City-St-Zip Ponte Vedra Beach, FL 32082