


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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18472 (3)**  
 1. Corporation Name  
**PGA TOUR CHARITIES, INC.**



Principal Place of Business <b>HELEN S ATTER</b> 112 TPC BLVD. PONTE VERDE BEACH FL 32082	Mailing Address <b>HELEN S ATTER</b> 112 TPC BLVD. PONTE VERDA BCH FL 32082 US
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3. Date Incorporated or Qualified <b>12/29/1986</b>	
4. FEI Number <b>59-2774423</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

2. Principal Place of Business <b>21</b> 112 PGA TOUR Blvd. Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> 112 PGA TOUR Blvd. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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  
**Richard D. Anderson**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**112 PGA TOUR Boulevard**  
**83**  
**84** City  
**Ponte Vedra Beach** **FL** **85** Zip Code  
**32082**

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 Richard D. Anderson **Richard D. Anderson** **4/9/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDSAY, KEN</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 12111 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSON MS</b>	1.4 CITY-ST-ZIP	<b>39211</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINCHEM, TIMOTHY W.</b>	2.2 NAME	
STREET ADDRESS	<b>7160 MARSH HAWK COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>32082</b>
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERRIS, RICHARD J.</b>	3.2 NAME	
STREET ADDRESS	<b>1436 RIDGE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTHBROOK IL</b>	3.4 CITY-ST-ZIP	<b>60062</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOVE, DAVIS III</b>	4.2 NAME	
STREET ADDRESS	<b>228 KINGS WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST SIMONS ISLAND GA</b>	4.4 CITY-ST-ZIP	<b>31522</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAAS, JAY</b>	5.2 NAME	
STREET ADDRESS	<b>4 TUSCANY COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREER SC</b>	5.4 CITY-ST-ZIP	<b>29650</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'MEARA, MARK</b>	6.2 NAME	
STREET ADDRESS	<b>6312 DEACON CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	6.4 CITY-ST-ZIP	<b>34786</b>

Continued 34786

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: Richard D. Anderson **Richard D. Anderson** **4/9/98** **904/285-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

PGA TOUR CHARITIES, INC.

Item 12. Officers and Directors (continued)

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

Title: D/V  
Name: Drinkard, Dwight  
Street Address: 3325 Club at Southwind  
City-St-Zip: Memphis, TN 38125-8832

Title: S  
Name: Anderson, Richard D.  
Street Address: 8570 Heather Run Drive  
City-St-Zip: Jacksonville, FL 38119