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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 # N18472
 1. Corporation Name
PGA TOUR CHARITIES, INC.

Principal Place of Business 112 PGA TOUR BLVD 112 TPC BLVD PONTE VERDE BEACH FL 32082 US	Mailing Address 112 PGA TOUR BLVD 442 TPC BLVD PONTE VEDRA BCH FL 32082 US
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2. Principal Place of Business 21 112 PGA TOUR Boulevard Suite, Apt. #, etc. 22 City & State 23 Ponte Vedra Beach, FL 32082 Zip Country 24 32082 25 USA	2a. Mailing Address 26 112 PGA TOUR Boulevard Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL 32082 Zip Country 29 32082 30 USA	3. Date Incorporated or Qualified 12/29/1986	4. FEI Number 59-2774423 Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	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 ANDERSON, RICHARD D 112 PGA TOUR 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 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 D NAME LINDSAY, KEN STREET ADDRESS P.O. BOX 12111 N/A CITY-ST-ZIP JACKSON MS 39211	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Mann, Will C. 1.3 STREET ADDRESS 2240 Country Club Trail 1.4 CITY-ST-ZIP Graham, NC 27253	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DC NAME FINCHEM, TIMOTHY W. STREET ADDRESS 7160 MARSH HAWK COURT CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DPT NAME FERRIS, RICHARD J. STREET ADDRESS 1436 RIDGE ROAD CITY-ST-ZIP NORTHBROOK IL 60062	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LOVE, DAVIS III STREET ADDRESS 228 KINGS WAY CITY-ST-ZIP ST SIMONS ISLAND GA 31522	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HAAS, JAY STREET ADDRESS 4 TUSCANY COURT CITY-ST-ZIP GREER SC 29650	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME O'MEARA, MARK STREET ADDRESS 6312 DEACON CIRCLE CITY-ST-ZIP WINDERMERE FL 34786	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Cook, John 6.3 STREET ADDRESS 12-503 Prestwick Court 6.4 CITY-ST-ZIP Rancho Mirage, CA 92270-1481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Richard D. Anderson 4/13/99 (904) 285-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001290

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N18472
389774-90157-49

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
Street Address: 8750 Heather Run Drive
City-St-Zip: Jacksonville, FL 32256-9528