


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

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33764 (4)
1. Corporation Name
SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Principal Place of Business 112 TPC BLVD PONTE VEDRA FL 32082	Mailing Address 112 TPC BLVD PONTE VEDRA FL 32082
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2998912	Applied For <input type="checkbox"/> Not Applicable
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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**ATTER, HELEN S.
112 TPC BLVD
PONTE VEDRA 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 _____ 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	DCP
NAME	KUGHN, RICHARD P
STREET ADDRESS	50825 RICHARD W BLVD
CITY - ST - ZIP	CHESTERFIELD MI
TITLE	D
NAME	RENICK, JAMES C
STREET ADDRESS	UM, OFC OF THE CHANCELLOR
CITY - ST - ZIP	DEARBORN MI 91
TITLE	D
NAME	FINCHEM, TIMOTHY
STREET ADDRESS	112 TPC BLVD
CITY - ST - ZIP	PONTE VEDRA BCH FL
TITLE	D
NAME	HALL, DONALD R
STREET ADDRESS	1778 WEST WARREN AVE
CITY - ST - ZIP	DETROIT MI
TITLE	D
NAME	MCNAMARA, EDWARD H
STREET ADDRESS	WAYNE CO BLDG, 600 RANDOLPH
CITY - ST - ZIP	DETROIT MI
TITLE	D
NAME	DORAN, WAYNE
STREET ADDRESS	1 PARKLANE BLVD, STE 1500 E
CITY - ST - ZIP	DEARBORN MI

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	48051
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	DEARBORN, MI 48128-1491
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	32082
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PLUMMER, DEREK
4.3 STREET ADDRESS	750 STEPHENSON HIGHWAY
4.4 CITY - ST - ZIP	TROY, MI 48083
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	48226
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	48126
6.4 CITY - ST - ZIP	

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 817, 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 **JAMES C. TRIOLA, SECRETARY**
DATE: 4/19/95 TELEPHONE: 904/285-3700

N33769

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Item 12. Officers and Directors (continued)

7.1 Title: V
7.2 Name: Hughes, Henry
7.3 Address: 112 TPC Boulevard
7.4 City-St-Zip: Ponte Vedra Beach, Florida 32082

8.1 Title: T
8.2 Name: Zink, Charles L.
8.3 Address: 112 TPC Boulevard
8.4 City-St-Zip: Ponte Vedra Beach, Florida 32082

9.1 Title: S
9.2 Name: Triola, James C.
9.3 Address: 112 TPC Boulevard
9.4 City-St-Zip: Ponte Vedra Beach, Florida 32082