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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32082-3046
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3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2998912	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUGHN, RICHARD P	1.2 NAME	
STREET ADDRESS	50625 RICHARD W BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MI	1.4 CITY-ST-ZIP	48051
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENICK, JAMES C	2.2 NAME	
STREET ADDRESS	UM, OFC OF THE CHANCELLOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	2.4 CITY-ST-ZIP	48128-1491
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY	3.2 NAME	
STREET ADDRESS	112 TPC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	32082
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMMER, DEREK	4.2 NAME	
STREET ADDRESS	750 STEPHENSON HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	4.4 CITY-ST-ZIP	48083
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAMARA, EDWARD H	5.2 NAME	
STREET ADDRESS	WAYNE CO BLDG, 800 RANDOLPH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	48226
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORAN, WAYNE	6.2 NAME	
STREET ADDRESS	1 PARKLANE BLVD, STE 1500 E	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	6.4 CITY-ST-ZIP	48126

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** *James C Triola* 04/25/97 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001183

CR2E037 (9/96)

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Item 12. Officers and Directors (continued)

Title V
Name Hughes, Henry
Address 112 TPC Boulevard
City-St-Zip Ponte Vedra Beach, Florida 32082

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

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