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Secretary of State

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U.S. 5010-104

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33764

1. Corporation Name
SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Principal Place of Business 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US	Mailing Address 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/15/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2998912
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANDERSON, RICHARD D 112 PGA TOUR BLVD PONTE VEDRA FL 32082				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 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 48051	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input 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 48128-1491	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY	3.2 NAME	
STREET ADDRESS	112 PGA TOUR BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, DEREK	4.2 NAME	
STREET ADDRESS	750 STEPHENSON HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48063	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAMARA, EDWARD H	5.2 NAME	
STREET ADDRESS	WAYNE CO BLDG, 600 RANDOLPH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48226	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input 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 48126	6.4 CITY-ST-ZIP	

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 #

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N 33764
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SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

ITEM 12. Officers and Directors (continued)

Title: V
Name: Hughes, Henry
Street Address: 112 PGA TOUR Boulevard
City-St-Zip: Ponte Vedra Beach, Florida 32082

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

Title: S
Name: Anderson, Richard D.
Street Address: 112 PGA TOUR Boulevard
City-St-Zip: Ponte Vedra Beach, Florida 32082