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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40763 (7)

1. Corporation Name
GOLF ASSOCIATION OF FLORIDA INC.

Principal Place of Business	Mailing Address
129 WHITMAN ROAD SE WINTER HAVEN FL 33813	P.O. BOX 2158 WINTER HAVEN FL 33883-2158

2. Principal Place of Business 21 27 CYPRESS RUN	2a. Mailing Address 26 P.O. BOX 838
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HAINES CITY. FL	City & State 28 LAKE HAMILTON, FL
Zip 24 33844 Country 25 [redacted]	Zip 29 33851 Country 30

3. Date Incorporated or Qualified 11/08/1990	3a. Date of Last Report 02/19/1996
4. FEI Number 59-3074806	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

STINE, ROBERT
129 WHITMAN ROAD SE
WINTER HAVEN FL 33813

10. Name and Address of New Registered Agent

81 Name: CHARLES W. STINE
82 Street Address (P.O. Box Number is Not Acceptable): 27 CYPRESS RUN
83
84 City: HAINES CITY FL 85 Zip Code: 33844

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 [signature] CHARLES W. STINE 6/30/97
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARL, RONALD M 704 MISSOURI AVENUE SOUTH LAKELAND FL 33801	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR GARL, RONALD M. 704 MISSOURI AVENUE SOUTH LAKELAND, FL 33801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINE, ROBERT 129 WHITMAN ROAD SE WINTER HAVEN FL 33813	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINE, CHARLES 27 CYPRESS RUN HAINES CITY FL 33844	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 added, or an attachment with an address.

[signature] 6/30/97