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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

DOCUMENT # **N40789** **(2)**

1. Corporation Name

TOUR CHAMPIONSHIP, INC.

Principal Place of Business	Mailing Address
112 TPC BLVD. PONTE VEDRA FL 32082	112 TPC BLVD. PONTE VEDRA FL 32082-3046

3. Date Incorporated or Qualified: 10/26/1990
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-3037794 ☐ 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

TRIOLA, JAMES C
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 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FINCHEM, TIMOTHY W.		1.2 NAME		
STREET ADDRESS	12612 MARSH CREEK DR.		1.3 STREET ADDRESS	7160 Marsh Hawk Court	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		32082
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	MOORHOUSE, EDWARD L.		2.2 NAME		
STREET ADDRESS	8009 WHISPER LAKE LANE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP		32082
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ATTER, HELEN S.		3.2 NAME	Zink, Charles L.	
STREET ADDRESS	12761 SHINNECOCK CT		3.3 STREET ADDRESS	20 Poinciana Way	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	TRIOLA, JAMES C		4.2 NAME		
STREET ADDRESS	1165 SALT MARSH CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP		32082
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: JAMES C. TRIOLA REQUIRED 04/25/97 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0001190