

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43244 (5)

1. Corporation Name
CHILDREN'S GOLF FOUNDATION, INC.



Principal Place of Business Mailing Address
801 LAKESHORE DRIVE APT. #109 LAKE PARK FL 33403 US
2000 N. CONGRESS WEST PALM BEACH, FL. 33409 PALM BEACH, COLONY
P.O. BOX 14295 NORTH PALM BEACH FL 33408 US

3. Date Incorporated or Qualified **05/06/1991** 3a. Date of Last Report **02/15/1995**

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

4. FEI Number **65-0262202** 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

10. Name and Address of New Registered Agent

MCGRORY, GEORGE R.
~~801 LAKESHORE DRIVE APT. #109 LAKE PARK FL 33403~~
2000 N. CONGRESS #95 WEST PALM BEACH, 33409 PALM BEACH COLONY

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCGRORY, GEORGE	
STREET ADDRESS	801 LAKESHORE DRIVE, #109	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALTERS, DENNIS	
STREET ADDRESS	8991 S.W. 8TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STINE, WALTER R.	
STREET ADDRESS	BURNUP & SIMS INC.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BANASZAK, JOSEPH	
STREET ADDRESS	44 YACHT CLUB DR	
CITY-ST-ZIP	N PALM BECH GRDNS,FS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLBATH, WALTER	
STREET ADDRESS	TWO GLEN CAIRN COURT	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIREN, GARY	
STREET ADDRESS	564 GREENWAY DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph E. Banaszak **TREASURER** 1/17/96 407-626-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)