

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 PM 2:17

**DOCUMENT # N93000005777 (8)**

1. Corporation Name

**FLORIDA DEAF GOLF ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O ROY DE MOTTE  
P.O. BOX 5464  
LAKE WORTH FL 33466

C/O ROY DE MOTTE  
P.O. BOX 5464  
LAKE WORTH FL 33466

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0450621

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 125 AZALEA DR

26 125 AZALEA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 DAYTONA BEACH, FL

27 City & State

28 DAYTONA BEACH, FL

24 Zip

25 32117

Country

29 VOLUSIA

30 Zip

31 32117

Country

32 VOLUSIA

9. Name and Address of Current Registered Agent

DE MOTTE, ROY  
3763 MIL RACE CT  
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name ROY DE MOTTE  
82 Street Address (P.O. Box Number is Not Acceptable)  
125 AZALEA DR.  
83  
84 City DAYTONA BEACH FL 85 Zip Code 32117

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the filer applicable)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	STURGEON, JAMES
STREET ADDRESS	3336 CANDY BLVD
CITY - ST - ZIP	TAMPA FL
TITLE	VP
NAME	DIVINCENZO, FRANK
STREET ADDRESS	8804 MARMONT LN
CITY - ST - ZIP	GIBSONTON FL
TITLE	S
NAME	DE MOTTE, ROY
STREET ADDRESS	3763 MIL RACE CT
CITY - ST - ZIP	GREENACRE FL
TITLE	T
NAME	LANGE, ROBERT W.
STREET ADDRESS	9 FLAMINGO DR
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	T
NAME	BLAYLOCK, JOAN
STREET ADDRESS	2623 SEVILLE BLVD #101
CITY - ST - ZIP	CLEARWATER FL
TITLE	T
NAME	BYSTRYCKI, MARTIN
STREET ADDRESS	14031 ASTER AVE
CITY - ST - ZIP	W PALM BEACH FL

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JAMES J. LEEK	
13 STREET ADDRESS	13408 EUDORA PL	
14 CITY - ST - ZIP	TAMPA, FL 33626	
21 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FRANK DIVINCENZO	
23 STREET ADDRESS	8804 MARMONT LN	
24 CITY - ST - ZIP	GIBSONTON, FL 33534	
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROY DE MOTTE	
33 STREET ADDRESS	125 AZALEA DR	
34 CITY - ST - ZIP	DAYTONA BEACH, FL 32117	
41 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ROY DE MOTTE	
43 STREET ADDRESS	125 AZALEA DR.	
44 CITY - ST - ZIP	DAYTONA BEACH, FL 32117	
51 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LARRY HARROD	
53 STREET ADDRESS	151-175TH AVE	
54 CITY - ST - ZIP	BEDINGTON SHORES, FL 33708	
61 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ROBERT LANGE	
63 STREET ADDRESS	9 FLAMINGO DR	
64 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Roy De Motte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1995 (904)  
253-0270  
TDD