

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005777 (8)

1. Corporation Name

FLORIDA DEAF GOLF ASSOCIATION, INC.

700001776147
-04/11/96--01022--014
***61.25



Principal Place of Business

Mailing Address

125 AZALEA DR
DAYTONA BEACH FL 32117

125 AZALEA DR
DAYTONA BEACH FL 32117

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
04/27/1995

21 2. Principal Place of Business
125 AZALEA DR.

2a. Mailing Address
125 AZALEA DR.

4. FEI Number
65-0450621

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
DAYTONA BEACH FL

28 City & State
DAYTONA BEACH, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
32117

25 Country
Volusia

29 Zip
32117

30 Country
Volusia

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

DE MOTTE, ROY
125 AZALEA DR
DAYTONA BEACH FL 32117

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEEK, JAMES J.	
STREET ADDRESS	13408 EUDORA PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIVINCENZO, FRANK	
STREET ADDRESS	8804 MARMONT LN	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DE MOTTE, ROY	
STREET ADDRESS	125 AZALEA DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGE, ROBERT	
STREET ADDRESS	9 FLAMINGO DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARROD, LARRY	
STREET ADDRESS	151-175TH AVE	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD - JAMES LEEK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	13408 EUDORA PL.	
1.3 STREET ADDRESS	TAMPA FL 33626	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP - FRANK DIVINCENZO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	8804 MARMONT LN.	
2.3 STREET ADDRESS	GIBSONTON, FL 33534	
2.4 CITY-ST-ZIP		
3.1 TITLE	ST - ROY DE MOTTE.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	125 AZALEA DR	
3.3 STREET ADDRESS	DAYTONA BEACH, FL 32117	
3.4 CITY-ST-ZIP		
4.1 TITLE	D - ROBERT LANGE.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	9 FLAMINGO DR	
4.3 STREET ADDRESS	ST. AUGUSTINE, FL 33708	
4.4 CITY-ST-ZIP		
5.1 TITLE	D - LARRY HARROD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	151-175TH AVE.	
5.3 STREET ADDRESS	REDINGTON SHORES, FL 33708	
5.4 CITY-ST-ZIP		
6.1 TITLE	D - MARTIN BYSTRYCKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	14031 ASTER AVE.	
6.3 STREET ADDRESS	W. Palm Beach, FL 33414	
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:

Roy De Motte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5th (904) 238-1222.

DATE DAYTIME PHONE

CR2E037 (12/95)