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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005777 (8)
1. Corporation Name
FLORIDA DEAF GOLF ASSOCIATION, INC.



700002130647
-04/01/97--01066--051
***61.25

Principal Place of Business 125 AZALEA DR DAYTONA BEACH FL 32117	Mailing Address 125 AZALEA DR DAYTONA BEACH FL 32117-4801
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3. Date Incorporated or Qualified 12/27/1993	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 125 AZALEA DR. Suite, Apt. #, etc. 22	2a. Mailing Address 26 125 AZALEA DR. Suite, Apt. #, etc. 27
23 DAYTONA BEACH, FL 24 32117-4801 25 Volusia	28 DAYTONA BEACH, FL 29 32117-4801 30 Volusia

4. FEI Number 65-0450621	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DE MOTTE, ROY
125 AZALEA DR
DAYTONA BEACH FL 32117

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 DRIVE
83 - 1
84 City DAYTONA BEACH FL 85 Zip Code 32117-4801

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	PD	<input type="checkbox"/> DELETE
NAME	LEEK, JAMES J.	
STREET ADDRESS	13408 EUDORA PL	
CITY-ST-ZIP	TAMPA FL 33628	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIVINCENZO, FRANK	
STREET ADDRESS	8804 MARMONT LN	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DE MOTTE, ROY	
STREET ADDRESS	125 AZALEA DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGE, ROBERT	
STREET ADDRESS	9 FLAMINGO DR	
CITY-ST-ZIP	ST AUGUSTINE FL 33708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARROD, LARRY	
STREET ADDRESS	151-175TH AVE	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYSTRYCKI, MARTIN	
STREET ADDRESS	14031 ASTER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIVINCENZO, FRANK	
1.3 STREET ADDRESS	7100 ULMERTON ROAD #20	
1.4 CITY-ST-ZIP	LARGO, FL 33771	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEEK, JAMES, J.	
2.3 STREET ADDRESS	13408 EUDORA PL	
2.4 CITY-ST-ZIP	TAMPA, FL 33626	
3.1 TITLE	S.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE MOTTE, ROY	
3.3 STREET ADDRESS	125 AZALEA DR	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32117-4801	
4.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Date: March 25, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 238-1222 TDD

CR2E037 (9/96)