

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



Principal Place of Business 125 AZALEA DR DAYTONA BEACH FL 32117	Mailing Address 125 AZALEA DR DAYTONA BEACH FL 32117
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3. Date Incorporated or Qualified 12/27/1993	
4. FEI Number 65-0450621	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 125 AZALEA DR.	2a. Mailing Address 26 125 AZALEA DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAYTONA BEACH, FL	City & State 28 DAYTONA BEACH, FL
Zip 24 32117-4801	Country 25 VOLUSIA
Country 25 VOLUSIA	Zip 29 32117-4801
Country 30 VOLUSIA	Country 30 VOLUSIA

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIVINCENZO, FRANK		1.2 NAME SAME	
STREET ADDRESS 7100 ULMERTON ROAD #20		1.3 STREET ADDRESS SAME	
CITY-ST-ZIP LARGO FL 33771		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEEK, JAMES J.		2.2 NAME SAME	
STREET ADDRESS 13408 EUDORA PLACE		2.3 STREET ADDRESS SAME	
CITY-ST-ZIP TAMPA FL 33626		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE MOTTE, ROY		3.2 NAME SAME	
STREET ADDRESS 125 AZALEA DR		3.3 STREET ADDRESS SAME	
CITY-ST-ZIP DAYTONA BEACH FL 32117-4801		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANGE, ROBERT		4.2 NAME SAME	
STREET ADDRESS 9 FLAMINGO DR		4.3 STREET ADDRESS SAME	
CITY-ST-ZIP ST AUGUSTINE FL 33708		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARROD, LARRY		5.2 NAME SAME	
STREET ADDRESS 151-175TH AVE		5.3 STREET ADDRESS SAME	
CITY-ST-ZIP REDINGTON SHORES FL 33708		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BYSTRYCKI, MARTIN		6.2 NAME 20000247670E	
STREET ADDRESS 14031 ASTER AVE		6.3 STREET ADDRESS -04/02/98--01006--035	
CITY-ST-ZIP WEST PALM BEACH FL 33414		6.4 CITY-ST-ZIP ***6 SAME	

14. I 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 *R. De Motte* SECRETARY OF STATE *MARCH 31 1998* (TDD) 1-904-238-1222

CR2E037 (10/97)