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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005777

1. Corporation Name

FLORIDA DEAF GOLF ASSOCIATION, INC.

Principal Place of Business

125 AZALEA DRIVE
DAYTONA BEACH FL 32117-4801

Mailing Address

125 AZALEA DRIVE
DAYTONA BEACH FL 32117-4801



2. Principal Place of Business

21 **125 AZALEA DR**

2a. Mailing Address

26 **125 AZALEA DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **DAYTONA BEACH, FL**

City & State

28 **DAYTONA BEACH, FL**

Zip

24 **32117-4801** 25 **Volusia**

Zip

29 **32117-4801** 30 **Volusia**

3. Date Incorporated or Qualified

12/27/1993

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

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 DR
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DIVINCENZO, FRANK**
STREET ADDRESS **7100 ULMERTON ROAD #20**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **VP** ☐ DELETE
NAME **LEEK, JAMES J.**
STREET ADDRESS **13408 EUDORA PLACE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **ST** ☐ DELETE
NAME **DE MOTTE, ROY**
STREET ADDRESS **125 AZALEA DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32117-4801**

TITLE **D** ☐ DELETE
NAME **LANGE, ROBERT**
STREET ADDRESS **9 FLAMINGO DR**
CITY-ST-ZIP **ST AUGUSTINE FL 33708**

TITLE **D** ☐ DELETE
NAME **HARROD, LARRY**
STREET ADDRESS **151-175TH AVE**
CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE **D** ☐ 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 ☐ Change ☐ Addition
1.2 NAME **P.**
1.3 STREET ADDRESS **SAME**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **V.P.**
2.3 STREET ADDRESS **SAME**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **S.T.**
3.3 STREET ADDRESS **SAME**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **D.**
4.3 STREET ADDRESS **SAME**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D.**
5.3 STREET ADDRESS **SAME**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **D.**
6.3 STREET ADDRESS **SAME**
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT LANGE
125 AZALEA DR

March 24, 1999
238-1222

CR2F037 (1/98)