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May 09 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 # **N94000006361 (9)**

1. Corporation Name

JAKE GAITHER GOLF ASSOCIATION, INCORPORATED

Principal Place of Business

**921 MILLARD STREET
TALLAHASSEE FL 32301-7041**

Mailing Address

**921 MILLARD STREET
TALLAHASSEE FL 32301-7041**



3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1006 Sunnyside Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 1006 Sunnyside Drive
Suite, Apt. #, etc.

City & State

23 Tallahassee, Fl
Zip Country

City & State

28 Tallahassee, FL
Zip Country

24 32310

25 Leon

29 32310

30 Leon

9. Name and Address of Current Registered Agent

**WOODS, WILLIE JR
921 MILLARD ST.
TALLAHASSEE FL 32301**

4. FEI Number
59-3291381

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**

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

10. Name and Address of New Registered Agent

81 Name

ANTHONY W. BILLUPS

82 Street Address (P.O. Box Number is Not Acceptable)

1006 Sunnyside Drive

84 City

Tallahassee

85

Zip Code

FL 32310

11. Pursuant to the provisions of Sections 617.0503 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

ANTHONY W. BILLUPS

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MCCLAIN, TYRONE**
STREET ADDRESS **1772 IMPERIAL PALM DRIVE**
CITY - ST - ZIP **APOKA FL 32712**

TITLE ☐ DELETE
NAME **HANNAH, O'HARA G**
STREET ADDRESS **621, NO. 2, FULTON ROAD**
CITY - ST - ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE
NAME **P KILPATRICK, LEROY**
STREET ADDRESS **931 COBLE DRIVE**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

TITLE ☒ DELETE
NAME **D PARKER, ERIC**
STREET ADDRESS **4320 SHERBORNE ROAD**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE
NAME **S THORNTON, GLENDA**
STREET ADDRESS **1514 GRAY FOX RUN**
CITY - ST - ZIP **TALLAHASSEE FL 32311**

TITLE ☒ DELETE
NAME **T WOODS, BILL**
STREET ADDRESS **921 MILLARD ST.**
CITY - ST - ZIP **TALLAHASSEE FL 32310-7041**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **T ANTHONY W. BILLUPS**
1.3 STREET ADDRESS **1006 SUNNYSIDE DRIVE**
1.4 CITY - ST - ZIP **TALLAHASSEE, FL. 32310**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D Marcella D. Foster**
4.3 STREET ADDRESS **203 Young Street**
4.4 CITY - ST - ZIP **Tallahassee, FL 32301**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D Irene Perry**
6.3 STREET ADDRESS **3105 Rackley Drive**
6.4 CITY - ST - ZIP **Tallahassee, FL 32310**

14. I do 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 117, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LEROY KILPATRICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **904 942 7342**

CR2E037 (9/96)