FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 29, 1999 8:00 am
Secretary of State
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1. Corporation Name

JAKE GAITHER GOLF ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
1006 SUNNYSIDE DRIVE TALLAHASSEE FL 32310 US	1006 SUNNYSIDE DRIVE TALLAHASSEE FL 32310 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 P. O. BOX 6834	12/30/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3291381 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 TALLAHASSEE, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32314 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BILLUPS, ANTHONY W.
1006 SUNNYSIDE DRIVE
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MCCLAIN, TYRONE		1.2 NAME	MARVIN L. WILLIAMS	
STREET ADDRESS	1772 IMPERIAL PALM DRIVE		1.3 STREET ADDRESS	8476 SOUTHERN PARK DRIVE	
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32310	
TITLE	T	☐ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	BILLUPS, ANTHONY W SR.		2.2 NAME	SYBIL RIVERS	
STREET ADDRESS	1006 SUNNYSIDE DRIVE		2.3 STREET ADDRESS	2493 NUGGET LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310		2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32303	
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KILPATRICK, LEROY		3.2 NAME		
STREET ADDRESS	931 COBLE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, MARCELLA D.		4.2 NAME		
STREET ADDRESS	203 YOUNG STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THORNTON, GLENDA		5.2 NAME		
STREET ADDRESS	1514 GRAY FOX RUN		5.3 STREET ADDRESS		
CITY-ST-ZIP	TTALLAHASSEE FL 32311		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, IRENE		6.2 NAME		
STREET ADDRESS	3105 RACKLEY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ANTHONY W. BILLUPS, SR. 4/26/99 (850) 216-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #