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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000002175**

1. Corporation Name
OKEEHEELEE JUNIOR GOLF FOUNDATION, INC.

Principal Place of Business	Mailing Address
1085 MOURNING DOVE LANE WELLINGTON FL 33414	1085 MOURNING DOVE LANE WELLINGTON FL 33414

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0746961 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROMFH, NANCY A
777 SOUTH FLAGLER DRIVE
SUITE 900E
WEST PALM BEACH FL 33401

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	TR	☐ Change ☒ Addition
NAME	BROWN, BOB		1.2 NAME	TERRINONI, LISA	
STREET ADDRESS	1085 MOURNING DOVE LANE		1.3 STREET ADDRESS	122 LEXINGTON DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	☐ DELETE	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	ROMFH, ELIZABETH R		2.2 NAME	WIGHT, HOWARD	
STREET ADDRESS	8643 S. 45TH STREET		2.3 STREET ADDRESS	6418 HEATHER WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467		2.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROMFH, NANCY A		3.2 NAME		
STREET ADDRESS	3261 HOY LAKE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, BOB		4.2 NAME		
STREET ADDRESS	403 NW 72ND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEECH, KEN		5.2 NAME		
STREET ADDRESS	8530 OLD TOWNE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Rocco NATALE REQUIRED 3/2/99 561-964-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #