


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90003 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000004074

1. Corporation Name
FLORIDA ADAPTIVE GOLF, INC.

Principal Place of Business 741 SOUTH BENEVA ROAD SARASOTA FL 34232	Mailing Address 741 SOUTH BENEVA ROAD SARASOTA FL 34232
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0855020
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GOODLANDER, PAUL B 3695 BREEZEMONT DRIVE SARASOTA FL 34232	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	C/D/T/M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Paul B. Goodlander
STREET ADDRESS		1.3 STREET ADDRESS	3695 Breezement Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sarasota FL 34232
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D-Business <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Gene Kushim
STREET ADDRESS		2.3 STREET ADDRESS	4002 52nd Drive West
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bradenton FL 34210
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D-marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Joseph C. Galloway
STREET ADDRESS		3.3 STREET ADDRESS	3234 Dante Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota FL 34235
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D office manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Betty Crosley
STREET ADDRESS		4.3 STREET ADDRESS	315 Bobby Jones Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota FL 34232
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Paul B. Goodlander **REQUIRED** B. Goodlander 3/25/99 (941) 957 0310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP/11/99