

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

19965-196

B 5900 C

DOCUMENT # P32984

(7)

1. Corporation Name

ATP TOUR CHARITIES, INC.



Principal Place of Business

Mailing Address

200 ATP TOUR BLVD
PONTE VEDRA BEACH FL 32082

200 ATP TOUR BLVD
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified
02/26/1991

3a. Date of Last Report
11/09/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-3046932

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILES, MARK D.	
STREET ADDRESS	475 OSPREY POINT	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, MARK V.	
STREET ADDRESS	1425 PINETREE RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GALLOWAY, PHILIP B.	
STREET ADDRESS	704 SHIPWATCH DR. E.	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASARELL, CHARLIE	
STREET ADDRESS	44-650 INDIAN WELLS LANE	
CITY - ST - ZIP	INDIAN WELLS LANE CA 92210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTONI, FRANCO	
STREET ADDRESS	VALE TIZIANO 70	
CITY - ST - ZIP	00196 ROME ITALY	
TITLE	Chief Operating Officer	<input type="checkbox"/> DELETE
NAME	Larry Scott	
STREET ADDRESS	200 ATP Tour Blvd.	
CITY - ST - ZIP	Ponte Vedra, FL 32082	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

904-285-8000

Daytime Phone #

CR2E037 (12/95)