

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthary
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **N33764** (4)
1. Corporation Name

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.



Principal Place of Business
**112 TPC BLVD
PONTE VEDRA FL 32082**

Mailing Address
**112 TPC BLVD
PONTE VEDRA FL 32082**

3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2998912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent ATTER, HELEN S. 112 TPC BLVD PONTE VEDRA FL 32082	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 FL
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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 date of signature) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUGHN, RICHARD P	1.2 NAME	
STREET ADDRESS	50625 RICHARD W BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MI	1.4 CITY-ST-ZIP	48051
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENICK, JAMES C	2.2 NAME	
STREET ADDRESS	UM, OFC OF THE CHANCELLOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	2.4 CITY-ST-ZIP	Dearborn, MI
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY	3.2 NAME	
STREET ADDRESS	112 TPC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	32082
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMMER, DEREK	4.2 NAME	
STREET ADDRESS	750 STEPHENSON HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	4.4 CITY-ST-ZIP	48083
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAMARA, EDWARD H	5.2 NAME	
STREET ADDRESS	WAYNE CO BLDG, 600 RANDOLPH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	48226
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORAN, WAYNE	6.2 NAME	
STREET ADDRESS	1 PARKLANE BLVD, STE 1500 E	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	6.4 CITY-ST-ZIP	48126

continued

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:

James C. Triola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James C. Triola, Secretary

April 17, 1996

904/285-3700

Daytime Phone #

CR2E037 (12/95)

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SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Item 12. Officers and Directors (continued)

Title	V
Name	Hughes, Henry
Address	112 TPC Boulevard
City-St-Zip	Ponte Vedra Beach, Florida 32082

Title	T
Name	Zink, Charles L.
Address	112 TPC Boulevard
City-St-Zip	Ponte Vedra Beach, Florida 32082

Title	S
Name	Triola, James C.
Address	112 TPC Boulevard
City-St-Zip	Ponte Vedra Beach, Florida 32082