


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **N33764** (4)  
1. Corporation Name  
**SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.**

Principal Place of Business <b>112 TPC BLVD PONTE VEDRA FL 32082</b>	Mailing Address <b>112 TPC BLVD PONTE VEDRA FL 32082</b>
---	---



2. Principal Place of Business 21 <b>112 PGA TOUR Blvd.</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 <b>112 PGA TOUR Blvd.</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29
--	---

3. Date incorporated or Qualified <b>08/15/1989</b>
4. FEI Number <b>59-2998912</b>
Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ATTER, HELEN S. 112 TPC BLVD PONTE VEDRA FL 32082</b>	10. Name and Address of New Registered Agent 81 Name <b>Anderson, Richard D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>112 PGA TOUR Boulevard</b> 83 84 City <b>Ponte Vedra Beach</b> <b>FL</b> 85 Zip Code <b>32082</b>
---	--

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 Richard D. Anderson **Richard D. Anderson** **4/15/98**  
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	DCP KUGHN, RICHARD P 50625 RICHARD W BLVD CHESTERFIELD MI	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>48051</b>
TITLE	D RENICK, JAMES C UM, OFC OF THE CHANCELLOR DEARBORN MI	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>48128-1491</b>
TITLE	D FINCHEM, TIMOTHY 112 TPC BLVD PONTE VEDRA BCH FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>112 PGA TOUR Boulevard</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>32082</b>
TITLE	D PLUMMER, DEREK 750 STEPHENSON HIGHWAY TROY MI	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>48083</b>
TITLE	D MCNAMARA, EDWARD H WAYNE CO BLDG, 600 RANDOLPH DETROIT MI	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>48226</b>
TITLE	D DORAN, WAYNE 1 PARKLANE BLVD, STE 1500 E DEARBORN MI	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>48126</b>

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.

SIGNATURE: **Richard D. Anderson** Richard D. Anderson **4/15/98** **904/285-3700**

CR2E037 (10/97)

**SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.**

**Item 12. Officers and Directors (continued)**

**Title:** V  
**Name:** Hughes, Henry  
**Street Address:** 112 PGA TOUR Boulevard  
**City-St-Zip:** Ponte Vedra Beach, Florida 32082

**Title:** T  
**Name:** Zink, Charles L.  
**Street Address:** 112 PGA TOUR Boulevard  
**City-St-Zip:** Ponte Vedra Beach, Florida 32082

**Title:** S  
**Name:** Anderson, Richard D.  
**Street Address:** 112 PGA TOUR Boulevard  
**City-St-Zip:** Ponte Vedra Beach, Florida 32082