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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date incorporated or Qualified 08/15/1989	
4. FEI Number 59-2998912	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 112 PGA TOUR Blvd.	2a. Mailing Address 26 112 PGA TOUR Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
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
**ATTER, HELEN S.
112 TPC BLVD
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent

81 Name Anderson, Richard D.	
82 Street Address (P.O. Box Number is Not Acceptable) 112 PGA TOUR Boulevard	
83	
84 City Ponte Vedra Beach	85 Zip Code FL 32082

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP KUGHN, RICHARD P 50625 RICHARD W BLVD CHESTERFIELD MI	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENICK, JAMES C UM, OFC OF THE CHANCELLOR DEARBORN MI	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINCHEM, TIMOTHY 112 TPC BLVD PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, DEREK 750 STEPHENSON HIGHWAY TROY MI	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, EDWARD H WAYNE CO BLDG, 600 RANDOLPH DETROIT MI	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, WAYNE 1 PARKLANE BLVD, STE 1500 E DEARBORN MI	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48051
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48128-1491
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 112 PGA TOUR Boulevard 32082
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48083
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48226
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48126

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