FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 703878**

1. Corporation Name

THE PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90048 032 ****61.25

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|--|---|----------|--------------------------|-----------|----------------|-------------------|---|---------------------------|------------------------------------|------------------------|
| Principal Place of Business 100 AVENUE OF CHAMPIONS PALM BEACH GARDENS FL 33418-3653 Mailing Address 100 AVENUE OF CHAMPIONS PALM BEACH GARDENS FL 33418-3653 | | | | | | | | | | |
| ¬ ` | ace of Business | \vdash | Mailing Address | | | | 3. Date Incorporated or Qualifed 04/11/1962 | | | · |
| 11 | | 26 | Cuite Ant # ata | | | | 4. FEI Number | | Apr | lied For |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | 59- 0785835 | , - | | Applicable |
| City & State | • | 21 | City & State | | | | | | \$8.75 A | |
| | | 28 | Only a Danie | | | | 5. Certifcate of Status Desired | Ļ | Fee Rec | I |
| Zip | Country | 201 | Zip | Count | <u></u> у | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 24 | 25 | 29 | | o | | | Trust Fund Contribution | | Added to | · . |
| | 9. Name and Address of Current | | tered Agent | | | | 10. Name and Address of New F | Registered | Agent | |
| | | | | 8 | 1 Name | , | -1 . Ob-ist.: | e. N | Λ | |
| HUI GHUI | ICED IECCE A III | | | 8 | 2 Street | Addres | rtty Christin is (P.O. Box Number is Not Accepta | | · · | |
| HOLSHOUSER, JESSE A., III | | | | | 1 A | | venue of the | | amois | ns |
| 100 AVENUE OF THE CHAMPIONS PALM BCH. GARDENS FL 33418 | | | | | 3 108 | | | | | |
| PALM DU | 1. GANDENS FL 33410 | | | - | <u> </u> | | | | ge Zin C | |
| | | | | 8 | D~\v | جري | bornh Gardens | , FL | | |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | ons or | Section 617.0503, Florid | ia Sialuk | ·». | corpor oration | ation submits this statement for the 's board of directors. I hereby accep | purpose of of the appo | f changing its r intment as reg | registered jistered |
| SIGNATURE | Signature, typed or printed frame of registered agent a | | 4 Christine! | DO ./Y | CC) TV | equired w | hen reinstating) | DATE | | |
| 12. | OFFICERS AND | | <u> </u> | 13. | on signature : | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECTOR | RS IN 12 |
| TITLE | SFVPD | | ☐ DELETE | 1,1 TITLE | | 55 | 3 | | Change | Addition |
| NAME | CONNELLY, JACK | | | 1.2 NAM | <u>i</u> | 00 | ender, M.G. | ~ | | _ |
| STREET ADDRESS | 100 AVENUE OF THE CHAMPION | NS | | 1.3 STRE | ET ADDRESS | IOC | savenue of the | | wblow | , |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | | 1.4 CITY- | ST-ZIP | B | lm Reach Gard | ens. | FL _ | |
| TITLE | Abb. 6.0 | | ☐ DELETE | 2.1 TITLE | | Ass | it. Sec | | Change | Addition |
| NAME | MANN, WILL | | | 2.2 NAM | • | Ga | erity. Christin | e M | | |
| STREET ADDRESS | | t | | 2.3 STRE | ET ADORESS | | Avenue of th | <u>e</u> 27 | nampi | ons |
| CITY-ST-ZIP | GRAHAM NC | | · | 2.4 CITY | ·ST-ZIP | | in Beach Garden | ns.F | -L 33 | 418 |
| TITLE | PD | | DELETE | 3.1 TITLE | | 20 | | | Change | Addition |
| NAME | LINDSAY, KEN | | • • | 3.2 NAM | | | Jain. Paul. 11 | | | |
| STREET ADDRESS | 5635 OLD CANTON RD. | | | 3.3 STRE | ET ADDRESS | 100 | Avenue of th | و ك | rambio | ns |
| CITY-ST-ZIP | JACKSON MS | | | 3.4. C(TY | -ST-ZIP | Pa | | dens. | FL 3 | 3418 |
| TITLE | MD | | ☐ DELETE | 4.1 TITLE | | | | | Change | Addition |
| NAME | AWTREY, JIM L | | | 4. 2 NAM | E | | | | | |
| STREET ADDRESS | | NS | | 4.3 STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDEN FL | | | 4.4 CITY | ST-ZIP |] | | | | |
| TITLE | 0 | | ☐ DELETE | 5.1 TITLE | | | | | Change | Addition |
| NAME | POTTINGER, KIRK | | | 5.2 NAM | • | 1 | | | | |
| STREET ADDRESS | 100 AVENUE OF THE CHAMPIO | NS | | 5.3 STRE | ET ADDRESS | | | • | | .] |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | | 5.4 CITY | ST-ZIP | <u>_</u> | | | | |
| TITLE | CFO | | DELETE | 6.1 TTLE | | | | | Change | Addition |
| NAME | HOLSHOUSER, JESSE | | | 6.2 NAMI | ≣ | | | | | . |
| STREET ADDRESS | | NS | • | 6.3 STRE | ET ADORESS | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | | 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 suppliemental 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:

PALM BEACH GARDENS FL