

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 27 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 705901 (7)  
 1. Corporation Name  
**MONSANTO EMPLOYEES GOLF ASSOCIATION, INC.**

Principal Place of Business <b>CHEMSTRAND RD. GONZALEZ, FLA</b>	Mailing Address <b>P. O. BOX 97 GONZALEZ, FL 32560-0097 US</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>27</b> City & State
<b>24</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>29</b> Country
<b>30</b>	

<b>3.</b> Date Incorporated or Qualified <b>07/16/1963</b>	<b>3a.</b> Date of Last Report <b>05/01/96</b>
<b>4.</b> FEI Number <b>59-2150685</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**JUDY LYTTON**  
**2365 OLD CHEMSTRAND RD.**  
**GONZALEZ, FLA 32560**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Benny Bell</b>
STREET ADDRESS	<b>3162 297A</b>
CITY-ST-ZIP	<b>Cantonment, FL 32534</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Jerry Kelly</b>
STREET ADDRESS	<b>590 Trilleran St.</b>
CITY-ST-ZIP	<b>Jacksonville, Fla</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Steve Hecht</b>
STREET ADDRESS	<b>11507 Thousand Oaks Drive</b>
CITY-ST-ZIP	<b>Pensacola, Fla 32514</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Parnell Ladd</b>
STREET ADDRESS	<b>6542 Terrasanta</b>
CITY-ST-ZIP	<b>Pensacola, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Mike Kelly</b>
STREET ADDRESS	<b>161 Daylily Road</b>
CITY-ST-ZIP	<b>Cantonment, FL 32533</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Judy Keliher</b>
STREET ADDRESS	<b>2022 Downing Drive</b>
CITY-ST-ZIP	<b>Pensacola, Fla</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**CS**  
**5/27/97**

**14.** I do 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:** *Jerry Kelly* **5/20/97** **(904)968-8474**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)