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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710656** (0)

1. Corporation Name

FLORIDA SENIOR GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1032 S STERLING AVE
TAMPA FL 33629
US**

**1032 S STERLING AVE.
TAMPA FL 33629-5129**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1966		3a. Date of Last Report 01/31/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6182034		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDMONDSON, GEORGE E., JR.
1032 STERLING AVENUE
TAMPA FL 33629**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, KENNETH JR.	1.2 NAME	Jones, Waldo B.
STREET ADDRESS	1213 COUNTRY CLUB DR.	1.3 STREET ADDRESS	2501 Lake Point Lane
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WALDO B.	2.2 NAME	Gould, Dore M.W.
STREET ADDRESS	2501 LAKE POINT LANE	2.3 STREET ADDRESS	1600 So. Mac Dill Ave
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	2nd. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANGUS	3.2 NAME	McCall, Kenneth Jr.
STREET ADDRESS	5034 BICKENS AVE.	3.3 STREET ADDRESS	1213 Country Club Dr.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDSON, GEO E. JR.	4.2 NAME	
STREET ADDRESS	1032 SO. STERLING AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, DONALD W.	5.2 NAME	Riggins, Richard E.
STREET ADDRESS	1600 SO. MACDILL AVE	5.3 STREET ADDRESS	6554 Bedenham Dr. So.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	St Petersburg, FL 33705
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAUMBERG, DAVID M.	6.2 NAME	Hatcher, Marion F.
STREET ADDRESS	40 DOLPHIN DR.	6.3 STREET ADDRESS	708 Alca Drive
CITY-ST-ZIP	TREASURE ISLAND FL	6.4 CITY-ST-ZIP	Orlando, FL 32804

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:

[Signature]

January 19, 1997

(011) 353-3832

CR2E037 (9/96)