

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715969** (2)

1. Corporation Name

CENTEL TALLAHASSEE GOLF CHARITIES, INC.



Principal Place of Business

Mailing Address

Golden Eagle Country Club
3700 Golden Eagle Drive
Tallahassee, FL 32312

POST OFFICE BOX 14565
SUITE 212
TALLAHASSEE FL 32317
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/31/1969

3a. Date of Last Report

04/21/1995

4. FEI Number

23-7033851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

BRAFFORD, RON
1300 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

317

81 Name

Barry A. Frazee

82 Street Address (P.O. Box Number is Not Acceptable)

3700 Golden Eagle Drive

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Barry A. Frazee Executive Director

(NOTE: Registered Agent signature required when reinstating)

1-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRAFFORD, RON
STREET ADDRESS 1300 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DELETE

TITLE STDE or
NAME CROSBY, BOB
STREET ADDRESS 5668 SANTA ANITA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312 ☒ DELETE

TITLE D
NAME HALEY, WALTER E.
STREET ADDRESS 2010 WINTHROP ROAD
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - Director ☒ Change ☐ Addition
1.2 NAME Bob Crosby
1.3 STREET ADDRESS 3545 Gallagher Dr
1.4 CITY-ST-ZIP Tallahassee FL 32308 ☐ Change ☐ Addition

2.1 TITLE Executive Director - Director ☒ Change ☐ Addition
2.2 NAME Barry Frazee
2.3 STREET ADDRESS 1321 Manor House Dr
2.4 CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☐ Addition

3.1 TITLE Secretary/Treasurer - Director ☒ Change ☐ Addition
3.2 NAME Mike Cashin
3.3 STREET ADDRESS 732 Blountstown Hwy
3.4 CITY-ST-ZIP Tallahassee, FL 32304 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

904-668-7000

Daytime Phone #

CR2E037 (12/95)