


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715969** (2)  
1. Corporation Name  
**CENTEL TALLAHASSEE GOLF CHARITIES, INC.**



Principal Place of Business <b>GOLDEN EAGLE COUNTRY CLUB 3700 GOLDEN EAGLE DRIVE TALLAHASSEE FL 32312</b>	Mailing Address <b>POST OFFICE BOX 14565 SUITE 212 TALLAHASSEE FL 32317 US</b>
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3. Date Incorporated or Qualified <b>01/31/1969</b>
4. FEI Number <b>23-7033851</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FRAZEE, BARRY A 3700 GOLDEN EAGLE DRIVE TALLAHASSEE FL 32312</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, BOB	1.2 NAME	
STREET ADDRESS	3545 GALLAGHER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	ED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, BARRY A	2.2 NAME	
STREET ADDRESS	1321 MANOR HOUSE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHIN, MIKE	3.2 NAME	
STREET ADDRESS	732 BLOUNTSTOWN HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:  2-10-98 850-668-1321

CR2E037 (10/97)