

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:56

DOCUMENT # 720866 (3)
1. Corporation Name
MARIANNA GOLF ASSOCIATION, INC.

Principal Place of Business Mailing Address
3309 CAVERNS ROAD 3309 CAVERNS ROAD
MARIANNA FL 32446 MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1971 3a. Date of Last Report 04/07/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
BRENDemuEHL, R. H.
2978 SPRING STREET
MARIANNA FL 32446

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME MILLER, JACK
STREET ADDRESS 4692 BERKSHIRE RD
CITY-ST-ZIP MARIANNA FL
TITLE D
NAME TATE, JAMES D
STREET ADDRESS 4617 HILLCREST DRIVE
CITY-ST-ZIP MARIANNA FL
TITLE STD
NAME BRENDemuEHL, R.H.
STREET ADDRESS 2978 SPRING STREET
CITY-ST-ZIP MARIANNA FL
TITLE VD
NAME WHITE, KEVIN
STREET ADDRESS 4460 RIVER RD
CITY-ST-ZIP MARIANNA FL
TITLE PD
NAME ROSS, LARRY E
STREET ADDRESS 3208 LAKE PLACE DRIVE
CITY-ST-ZIP MARIANNA FL
TITLE D
NAME PAYNE, ROBERT W
STREET ADDRESS 2905 BEVIA ROAD
CITY-ST-ZIP MARIANNA FL 32446

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME D Goodson, James
23 STREET ADDRESS 2223 Wildwood circle
24 CITY-ST-ZIP Marianna, FL 32446
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME D Glinda Hanzel
43 STREET ADDRESS 4705 The Oaks Drive
44 CITY-ST-ZIP Marianna, FL 32446
51 TITLE Change Addition
52 NAME PD Register, Jimmy
53 STREET ADDRESS 3760 Willow St
54 CITY-ST-ZIP Cottondale, FL 32431
61 TITLE Change Addition
62 NAME VD
63 STREET ADDRESS
64 CITY-ST-ZIP

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 110.07(3)(b), 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 B17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. H. Brendemuehl 3-20-96 (904) 482-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.
R. H. Brendemuehl

720866

Title: D.

change

Name: Laramore, Dean

St. Address 4859 Donna Dr.

City-St-Zip Marianna, FL 32446