

**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

1082

DOCUMENT # 720866 (3)

1. Corporation Name  
**MARIANNA GOLF ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 05/03/1971  
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: BRENDMUEHL, 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, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILLER, JACK   | 1.2 NAME  |  |
| STREET ADDRESS             | 4692 BERKSHIRE RD  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MARIANNA FL  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GOODSON, JAMES   | 2.2 NAME  |  |
| STREET ADDRESS             | 2883 WILDWOOD CIRCLE                                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MARIANNA FL  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD <input type="checkbox"/> DELETE                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRENDMUEHL, R.H.   | 3.2 NAME  |  |
| STREET ADDRESS             | 2978 SPRING STREET                                       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MARIANNA FL  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HANSEL, GLINDA   | 4.2 NAME  |  |
| STREET ADDRESS             | 4705 THE OAKS DRIVE                                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MARIANNA FL  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | REGISTER, JIMMY  | 5.2 NAME  |  |
| STREET ADDRESS             | 3160 WILLOW ST   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | COTTONDALE FL  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <del>VD</del> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <del>PAYNE, ROBERT W</del>                               | 6.2 NAME  | V D Laramore, Dean   |
| STREET ADDRESS             | <del>2905 BEVIA ROAD</del>                               | 6.3 STREET ADDRESS                                    | 4859 Donna Dr.   |
| CITY-ST-ZIP                | <del>MARIANNA FL</del>                                   | 6.4 CITY-ST-ZIP                                       | Marianna, FL 32446   |

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: R. H. Brendmuehl 4/4/96 (904) 482-3911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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Pg. 2 of 2

Title D

Name Mitchell, J. L.

Street 3111 College Ave  
Address

City, St, Zip Marianna, FL 32446