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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32446-1824

3. Date Incorporated or Qualified: 05/03/1971
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.
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: BRENDEMUEHL, R. H., 2978 SPRING STREET, MARIANNA FL 32446
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MILLER, JACK	1.1 TITLE:	D
STREET ADDRESS: 4692 BERKSHIRE RD	CITY-ST-ZIP: MARIANNA FL	1.2 NAME:	Wise, Greg
TITLE: D	NAME: GOODSON, JAMES	1.3 STREET ADDRESS:	4559 Red Oak Trace
STREET ADDRESS: 2883 WILDWOOD CIRCLE	CITY-ST-ZIP: MARIANNA FL	1.4 CITY-ST-ZIP:	Marianna, FL 32446
TITLE: STD	NAME: BRENDEMUEHL, R.H.	2.1 TITLE:	
STREET ADDRESS: 2978 SPRING STREET	CITY-ST-ZIP: MARIANNA FL	2.2 NAME:	
TITLE: D	NAME: HANSEL, GLINDA	2.3 STREET ADDRESS:	
STREET ADDRESS: 4705 THE OAKS DRIVE	CITY-ST-ZIP: MARIANNA FL	2.4 CITY-ST-ZIP:	
TITLE: PD	NAME: REGISTER, JIMMY	3.1 TITLE:	
STREET ADDRESS: 3160 WILLOW ST	CITY-ST-ZIP: COTTONDALE FL	3.2 NAME:	
TITLE: VD	NAME: LARAMORE, DEAN	3.3 STREET ADDRESS:	
STREET ADDRESS: 4859 DONNA DR	CITY-ST-ZIP: MARIANNA FL	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	D
		5.2 NAME:	Cunningham, Monte
		5.3 STREET ADDRESS:	5488 Ninth
		5.4 CITY-ST-ZIP:	Malone, FL 32445
		6.1 TITLE:	PD
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: R. H. Brendemuehl Date: 3/21/97 (904) 482-3911

CR2E037 (9/96)

1.3

Addition

Title

VD

Addition

Name

Mitchell, Jay

Address

3111 College

City; St- Zip

Marianna, FL 32446