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03-16-1999 90107 050 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720866

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/03/1971 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | NOT APPLICABLE | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | | |
| 24 25 | | 29 30 | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRENDemuEHL, R. H. 2978 SPRING STREET MARIANNA FL 32446 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WISE, GREG | | 1.2 NAME | | |
| STREET ADDRESS | 4559 RED OAK TRACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GOODSON, JAMES | | 2.2 NAME | D Gregg, Harold G | |
| STREET ADDRESS | 2883 WILDWOOD CIRCLE | | 2.3 STREET ADDRESS | 4614 Bales Dr. | |
| CITY-ST-ZIP | MARIANNA FL | | 2.4 CITY-ST-ZIP | MARIANNA, FL 32446 | |
| TITLE | STD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRENDemuEHL, 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 checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HANSEL, GLUNDA | | 4.2 NAME | D Breyfogle, Batty | |
| STREET ADDRESS | 4705 THE OAKS DRIVE | | 4.3 STREET ADDRESS | 3393 Fish Hatchery Rd. | |
| CITY-ST-ZIP | MARIANNA FL | | 4.4 CITY-ST-ZIP | MARIANNA, FL 32446 | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CUNNINGHAM, MONTE | | 5.2 NAME | P | |
| STREET ADDRESS | 5488 NINTH | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MALONE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LARAMORE, DEAN | | 6.2 NAME | Harris, Jason | |
| STREET ADDRESS | 4859 DONNA DR | | 6.3 STREET ADDRESS | 2999 Caledonia St. | |
| CITY-ST-ZIP | MARIANNA FL | | 6.4 CITY-ST-ZIP | MARIANNA, FL 32446 | |

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, with all other like empowered.

SIGNATURE: *[Signature]* 3-15-99 (850) 482-3911

CR2E037 (11/98)

7 20866
234616 90107.50

Title D
Name Hamm, Joseph G., Jr.
Street Address 3150 Fourth St.
City, St.-Zip Marianna, FL 32446