FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726419 (5)

1. Corporation Name

THE NORTH FLORIDA SECTION, PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
200 FOREST LAKE BLVD. SUITE #3 DAYTONA BEACH FL 32119-8108 US	200 FOREST LAKE BLVD. SUITE #3 DAYTONA BEACH FL 32119-8108 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1403039 ☐ 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 — 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

9. Name and Address of Current Registered Agent

PORTER, JERRY
200 FOREST LAKE BLVD.
SUITE 3
DAYTONA BEACH FL 32119-8108

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☒ Addition D
NAME	GONSALVES, GILBERT	12 NAME	Farley, Harry L.
STREET ADDRESS	1601 S. MACDILL AVE.	13 STREET ADDRESS	605 S. Penman Rd.
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Jacksonville Beach, FL
TITLE	D	21 TITLE	☒ Change ☐ Addition D
NAME	~~BORK, TODD~~	22 NAME	Hodge, Morton J.
STREET ADDRESS	~~2525 COUNTRY CLUB BLVD.~~	23 STREET ADDRESS	800 Lone Palm Drive
CITY-ST-ZIP	~~ORANGE PARK FL~~	24 CITY-ST-ZIP	Lakeland, FL
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	~~AUSTIN, ANTHONY C~~	32 NAME	
STREET ADDRESS	~~ONE WORLD CENTER DR.~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	V
NAME	BEISLER, JAMES T.	42 NAME	Beisler, James T
STREET ADDRESS	500 ROCKLEY BLVD.	43 STREET ADDRESS	7604 Iguana Drive
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	Sarasota, FL
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	~~HOLLIS, JEFFREY G.~~	52 NAME	Clayton, Michael F.
STREET ADDRESS	~~875 62ND AVE., N.E.~~	53 STREET ADDRESS	7671 Park Blvd.
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	54 CITY-ST-ZIP	University Park, FL 34201
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	REGER, JOHN G., JR.	62 NAME	
STREET ADDRESS	9919 SW 42ND RD.	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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 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: John Reger John Reger/Pres. 4-28-95 904/322-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000885