

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726419** (5)

1. Corporation Name

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

Principal Place of Business <b>200 FOREST LAKE BLVD. SUITE #3 DAYTONA BEACH FL 32119-8108 US</b>	Mailing Address <b>200 FOREST LAKE BLVD. SUITE #3 DAYTONA BEACH FL 32119-8108 US</b>
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3. Date Incorporated or Qualified <b>05/16/1973</b>
4. FEI Number <b>59-1403039</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 JERRY PORTER - EXECUTIVE DIRECTOR DATE 4-21-98

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GONSALVES, GILBERT	
STREET ADDRESS	1601 S. MACDILL AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGLIARDI, GREGG	
STREET ADDRESS	4085 VILLAGE CTR DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, TIMOTHY D	
STREET ADDRESS	1600 SELVA MARINA DR	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YURIGAN, MICHAEL	
STREET ADDRESS	6100 DEACON DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHALEN, RICH	
STREET ADDRESS	601 JACARANDA BLVD	
CITY-ST-ZIP	VENICE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'NEILL, STEVE	
STREET ADDRESS	16019 GRASS LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deaton, Jim	
1.3 STREET ADDRESS	9000 Bay Hill Rd.	
1.4 CITY-ST-ZIP	Orlando, FL 32819	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1651 Santa Barbara Dr.	
2.3 STREET ADDRESS	Dunedin, FL 34698	
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Austin, Tony	
3.3 STREET ADDRESS	9756 Camberley Circle	
3.4 CITY-ST-ZIP	Orlando, FL 32836	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Warobick, Mike	
4.3 STREET ADDRESS	984 Palmer St.	
4.4 CITY-ST-ZIP	Rockledge, FL 32955	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McFaul, Jack	
5.3 STREET ADDRESS	1454 Gleneagles Dr.	
5.4 CITY-ST-ZIP	Venice, FL 34292	
6.1 TITLE	O'Neill, Steve	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	17821 Cranbrook Drive	
6.3 STREET ADDRESS	Lutz, FL 33549	
6.4 CITY-ST-ZIP		

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, changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-21-98 904/322-0899

CR2E037 (10/97)