

**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

DOCUMENT # **729043** (0)

1. Corporation Name  
**GREATER SARASOTA JUNIOR GOLF ASSOCIATION, INC.**



Principal Place of Business  
**612 GLEN OAK RD.  
VENICE FL 34293**

Mailing Address  
**PO BOX 1665  
VENICE FL 34284  
US**

3. Date Incorporated or Qualified  
**03/12/1974**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business  
21 **1877 RITA STREET**  
Suite, Apt. #, etc.

22  
City & State  
23 **SARASOTA, FL**

24 **34231** Zip  
25 **SARASOTA** Country

2a. Mailing Address  
26  
Suite, Apt. #, etc.

27  
City & State  
28  
Zip Country  
29  
30

4. FEI Number  
**59-2552124**

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  
**GADDY, JENNIFER  
612 GLEN OAK ROAD  
VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name **PAUL MICHAUD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1877 RITA STREET**

83

84 City **SARASOTA** FL 85 Zip Code **34231**

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 617.0513, Florida Statutes.

SIGNATURE *Paul Michaud* **3-28-96**  
Signature, typed or printed name of registered agent and title if applicable (NONPROFIT Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input checked="" type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GADDY, JENNIFER	12 NAME	Paul Michaud
STREET ADDRESS	612 GLEN OAK RD.	13 STREET ADDRESS	1877 RITA Street
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUSER, JEAN	22 NAME	
STREET ADDRESS	2306 QUAIL COURT	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 33529	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANEK, GARY	32 NAME	
STREET ADDRESS	4428 PARK LAKE TERR S	33 STREET ADDRESS	537 LAKESIDE DR
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISLEY, TAFFIE	42 NAME	
STREET ADDRESS	7106 RIVERCLUB BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	100001764280 -04/01/96--01027--037
CITY-ST-ZIP		54 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	M.M.
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	3-18-96

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: *G. M. Franek* **2/6/96** (941) 747-3117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-30-96