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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734501** (0)

1. Corporation Name

JACKSONVILLE AMATEUR GOLFERS GUILD, INC.



Principal Place of Business

Mailing Address

2472 W. 28TH STREET
JACKSONVILLE FL 32269

2472 W. 28TH STREET
JACKSONVILLE FL 32269

3313 CEESEY BLVD
JACKSONVILLE FLA 32211

3313 CEESEY BLVD
JACKSONVILLE FLA 32211

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNLAP, CORNELL W.
2472 W. 28TH STREET
JACKSONVILLE FL 32209

81 Name
HERMAN D SEETRAN
82 Street Address (P.O. Box Number is Not Acceptable)
3313 CEESEY BLVD
83
84 City
JACKSONVILLE FL 85 Zip Code
32211

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

HERMAN D SEETRAN

29 MAY 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BANKS, ELWOOD	
STREET ADDRESS	3924 MONCRIEF RD.	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	P	☐ DELETE
NAME	FORD, WILLIAM	
STREET ADDRESS	11413 MANATEE DRIVE	
CITY - ST - ZIP	JAX FL	
TITLE	FS	☐ DELETE
NAME	MACK, DONNA	
STREET ADDRESS	3411 GEORGE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	DUNLAP, CORNELL	
STREET ADDRESS	2472 W. 28TH ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	MCCALL, GEOEGE	
STREET ADDRESS	138 W 30 ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	HAMMOND, JAMES	
STREET ADDRESS	117 W. 12TH ST.	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	HERMAN D SEETRAN	☒ Change ☒ Addition
1.2 NAME	3313 CEESEY BLVD	
1.3 STREET ADDRESS	JACKSONVILLE FLA 32211	
1.4 CITY - ST - ZIP		
2.1 TITLE	ARNOLD JAMES	☒ Change ☐ Addition
2.2 NAME	12659 WINNICA LANE	
2.3 STREET ADDRESS	JACKSONVILLE FLA 32218	
2.4 CITY - ST - ZIP		
3.1 TITLE	ARNOLD JAMES	☒ Change ☐ Addition
3.2 NAME	12659 WINNICA LANE	
3.3 STREET ADDRESS	JACKSONVILLE FLA 32218	
3.4 CITY - ST - ZIP		
4.1 TITLE	JAMES SANDERS	☒ Change ☐ Addition
4.2 NAME	590 GOLDEN LINKS DR	
4.3 STREET ADDRESS	JACKSONVILLE FLA 32073	
4.4 CITY - ST - ZIP		
5.1 TITLE	DONALD E. FEACHER	☒ Change ☐ Addition
5.2 NAME	7740 SOUTH SIDE BLVD	
5.3 STREET ADDRESS	JACKSONVILLE FLA 32250	
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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:

HERMAN D SEETRAN

29 May 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)