SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

0001181

DOCUMENT # 734501 (0)

1. Corporation Name
JACKSONVILLE AMATEUR GOLFERS GUILD, INC.

Principal Place of Business	Mailing Address
3313 CESERY BLVD. JACKSONVILLE FL 32211 US	3313 CESERY BLVD. JACKSONVILLE FL 32211 US

3. Date Incorporated or Qualified: 12/04/1975

4. FEI Number: 59-6509621 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 10210 Haverford Rd
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32218 25: Country: Duval

2a. Mailing Address
26: P.O. Box 9950
27: Suite, Apt. #, etc.
28: City & State: Jacksonville FL
29: Zip: 32208 30: Country: Duval

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEETRAM, HERMAN D.
3313 CESERY BLVD.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: Solomon McClendon
82 Street Address (P.O. Box Number is Not Acceptable): 10210 Haverford Rd
83:
84 City: Jacksonville FL 85 Zip Code: 32218

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: Solomon McClendon — Solomon McClendon — President
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	1.1 TITLE	Director/V. Pres.	☑ Change ☐ Addition
NAME	SEETRAM, HERMAN D.		1.2 NAME	Spencer Meeks	
STREET ADDRESS	3313 CESERY BLVD.		1.3 STREET ADDRESS	4207 Confederate Pt. Rd #B	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	P	☑ DELETE	2.1 TITLE	Solomon McClendon, Pres.	☑ Change ☐ Addition
NAME	FORD, WILLIAM		2.2 NAME		
STREET ADDRESS	11413 MANATEE DRIVE		2.3 STREET ADDRESS	10210 Haverford Rd.	
CITY-ST-ZIP	JAX FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	FS	☑ DELETE	3.1 TITLE	FSecretary	☑ Change ☐ Addition
NAME	JAMES, ARNOLD		3.2 NAME	Oscar J. Fletcher	
STREET ADDRESS	12659 WIMICA LANE		3.3 STREET ADDRESS	1940 College Cir. N.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville FL 32209	
TITLE	T	☑ DELETE	4.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	SANDERS, JAMES		4.2 NAME	Will Sanders	
STREET ADDRESS	590 GOLDEN LINKS DRIVE		4.3 STREET ADDRESS	12693 Sampson Rd	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	S	☑ DELETE	5.1 TITLE	Secretary	☑ Change ☑ Addition
NAME	FEACHER, DONALD E. Deceased		5.2 NAME	Summer L. Herring Jr.	
STREET ADDRESS	7740 SOUTHSIDE BLVD.		5.3 STREET ADDRESS	1405 N. Chaplis Ct.	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Orange Park FL 32073	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAMMOND, JAMES		6.2 NAME		
STREET ADDRESS	117 W. 12TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: Solomon McClendon — Solomon McClendon 7-21-98 (904) 751-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #