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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734501**

1. Corporation Name
JACKSONVILLE AMATEUR GOLFERS GUILD, INC.

Principal Place of Business	Mailing Address
10210 HAVERFORD RD JACKSONVILLE FL 32218 US	P.O. BOX 9950 JACKSONVILLE FL 32208 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/04/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6509621 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCCLENDON, SOLOMAN
10210 HAVERFORD RD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name Solomon (mis-spelled)
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ 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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEEKS, SPENCER		1.2 NAME		
STREET ADDRESS	4207 CONFEDERATE PT RD, #8		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32210		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCLENDON, SOLOMON		2.2 NAME		
STREET ADDRESS	10210 HAVERFORD RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32218		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, OSCAR J		3.2 NAME		
STREET ADDRESS	1940 COLLEGE CIR N		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	[redacted] ☐ Addition
NAME	SANDERS, WILL		4.2 NAME	CORNELL DUNLAP	
STREET ADDRESS	1293 SAMPSON RD		4.3 STREET ADDRESS	2472 W. 28th ST	
CITY-ST-ZIP	JACKSONVILLE FL 32218		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	S	☒ DELETE	5.1 TITLE	S	[redacted] ☒ Addition
NAME	HERRING, SUMMER L J		5.2 NAME	BEVERLY WRIGHT	
STREET ADDRESS	1405 N CHABLIS CT		5.3 STREET ADDRESS	P.O. Box 57033	
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Solomon McClendon REQUIRED 1-12-99 904-751-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #