

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 # **739967** (8)

1. Corporation Name

GOLDEN AGE GAMES, INC.



Principal Place of Business

Mailing Address

**400 E. FIRST STREET
BOX 1298
SANFORD FL 32771
US**

**400 E. FIRST STREET
BOX 1298
SANFORD FL 32771
US**

3. Date Incorporated or Qualified

08/23/1977

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0440968

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**FARR, DAVID T.
400 EAST FIRST STREET
SANFORD FL 32771**

81 Name

Wanda Kelly

82 Street Address (P.O. Box Number is Not Acceptable)

400 East First Street

83

84 City

Sanford, FL

FL

85 Zip Code

32771

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

Wanda J. Kelly

3/28/96

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☒ DELETE
NAME **FARR, DAVID T.**
STREET ADDRESS **106 LAKWOOD DRIVE**
CITY-ST-ZIP **SANFORD FL**

1.1 TITLE **ED** ☒ Change ☐ Addition
1.2 NAME **Kelly, Wanda**
1.3 STREET ADDRESS **400 East First Street**
1.4 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **D** ☐ DELETE
NAME **KIRBY, MIKE**
STREET ADDRESS **300 N PARK AVE**
CITY-ST-ZIP **SANFORD, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FARNWORTH, TOM**
STREET ADDRESS **300 N PARK AVE**
CITY-ST-ZIP **SANFORD FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JONES, LISA**
STREET ADDRESS **300 N PARK AVE**
CITY-ST-ZIP **SANFORD, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ADAMSON, BRENT**
STREET ADDRESS **401 W 13TH STREET**
CITY-ST-ZIP **SANFORD, FL 00000**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **VonHerbulis, Bobby**
5.3 STREET ADDRESS **2290 W. Airport Blvd**
5.4 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **D** ☐ DELETE
NAME **Hartsfield, Yvette**
STREET ADDRESS **300 N Park Ave**
CITY-ST-ZIP **Sanford, FL**

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:

Wanda J. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

322-2212

Daytime Phone #

CR2E037 (12/95)