

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 # 740319 (9)
1. Corporation Name
GREATER TAMPA JUNIOR GOLF ASSOCIATION, INC.



Principal Place of Business Mailing Address
110 SOUTH LOCKMOOR AVENUE 110 SOUTH LOCKMOOR AVENUE
TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617

3. Date Incorporated or Qualified 10/04/1977 3a. Date of Last Report 04/13/1995
4. FEI Number 59-1788848 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JESKE, PAUL T., ESQ.
1904 EAST BUSCH BLVD.
TAMPA FL 33612

81 Name
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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESKE, PAUL T., ESQ.	1.2 NAME	Rick Kouwe
STREET ADDRESS	3212 STONYBROOK LANE	1.3 STREET ADDRESS	808 Ben Lomond Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROEDER, BILL	2.2 NAME	Ed Haddock
STREET ADDRESS	2441 ROBERTA LANE	2.3 STREET ADDRESS	4604 Summerwind Court
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWENS, MARY ROSE D.	3.2 NAME	Keith Swope
STREET ADDRESS	110 S. LOCKMOOR AVE.	3.3 STREET ADDRESS	5066 Fox Hunt Drive
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, MIKE	4.2 NAME	Dean Christensen
STREET ADDRESS	2003 W. SANDALWOOD DRIVE	4.3 STREET ADDRESS	1323 N. Riverhills Dr.
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRIDER, DENNIS	5.2 NAME	Brian Code
STREET ADDRESS	6501 18TH ST, N	5.3 STREET ADDRESS	10029 Orange Grove Dr.
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	GRAVES, JOHN	6.2 NAME	
STREET ADDRESS	8303 TEMPLE TERRACE HWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-96 (813) 932-4725

CR2E037 (12/95)