FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED

DOCUMENT # 740319

1. Corporation Name
GREATER TAMPA JUNIOR GOLF ASSOCIATION, INC.

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

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/04/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1788848 ☐ 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	10. Name and Address of New Registered Agent
JESKE, PAUL T., ESQ. 1604 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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JESKE, PAUL T., ESQ.		1.2 NAME		
STREET ADDRESS	3212 STONYBROOK LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	S D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HADDOCK, ED		2.2 NAME		
STREET ADDRESS	4604 SUMMERWIND COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP		
TITLE	S D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SWOPE, KEITH		3.2 NAME		
STREET ADDRESS	5068 FOX HUNT DRIVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, DEAN		4.2 NAME		
STREET ADDRESS	1323 N. RIVERHILLS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		4.4 CITY-ST-ZIP		
TITLE	P D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CODE, BRIAN		5.2 NAME		
STREET ADDRESS	10029 ORANGE GROVE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, ROBERT		6.2 NAME		
STREET ADDRESS	205 W. BUSCH BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		6.4 CITY-ST-ZIP	4/2/99 9AM TS 2-24-1999 90074 615 - 6125	

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: SIGNATURE REQUIRED 1/14/99 (813) 933-4084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)