## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 765293

(6)

## THE PAR 5 GOLFER ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address 1923 AVE. D. 1923 AVE. D. FT. PIERCE FL 34950 FT. PIERCE FL 34950 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1982 02/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 ☐ Yes ☐ No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JENNINGS, J. BLAYNE 82 Street Advicess (P.O. Box Number is Not Acceptable) 2871 45TH ST. 63 GIFFORD FL 64 City Zip Code 85 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN TO DELETE Addition 11 TITLE Change TITLE DENNIS, JAMES NAME 12 NAME 3107 JERSEY CT. STREET ADDRESS. 1.3 STREET ADDRESS FT. PIERCE FL CITY-S\*-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change noitibhA VD. BLAIR, JOHN NAME 2.2 NAME 4107 SMOKEY PINES STREET ACCRESS 2.3 STREET ADDRESS FT. PIERCE FL CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME WILLIAMS, JAMES 3.2 NAME STREET ADDRESS 4007 AVE. M 3.3 STREET ADDRESS FT. PIERCE FL CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE THILE Change noitibhA m 4.1 TiTLE NAME GIBSON, HOSELY 4.2 NAME STREET ADDRESS 1601 AVE. M 4.3 STREET ADDRESS CITY - ST - ZIP FT. PIERCE FL 4.4.CITY-ST-ZIP Mª CLINTON BERNARD DELETE 4635 574 AVE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 32967 VERO BEACH FI CITY - ST - ZiP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 61 THILE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DiTY+ST-7/P 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, if 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 13 if changed, or on an attachment with an address. HOSELY GIBSON 1/17/96 HO7-HG5-3110

(12/95) CR2E037