

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15 1997 8:00 am  
Secretary of State

DOCUMENT # F45186

(6)

1. Corporation Name

FUTURES GOLF TOUR, INC.



Principal Place of Business

909 WEST MAIN STREET  
AVON PARK FL 33825  
US

Mailing Address

909 WEST MAIN STREET  
AVON PARK FL 33825-3311  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/18/1981

3a. Date of Last Report

05/17/1996

4. FEI Number

59-2152013

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

~~HULTGREN, JANICE~~  
909 WEST MAIN STREET  
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name

CYNTHIA D. RHM

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

909 WEST MAIN STREET

83

84 City

AVON PARK

FL

85 Zip Code

33825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 is 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	TRAINOR, HELEN L.	
STREET ADDRESS	909 WEST MAIN STREET	
CITY-ST-ZIP	AVON PARK FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WAINWRIGHT, VICTORIA M.	
STREET ADDRESS	909 WEST MAIN STREET	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HULTGREN, JANICE G.	
STREET ADDRESS	909 MAIN STREET	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helen L. Trainor	
1.3 STREET ADDRESS	909 West Main St.	
1.4 CITY-ST-ZIP	Avon Park FL 33825	
2.1 TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZAYRA F. CALDERON	
2.3 STREET ADDRESS	909 WEST MAIN STREET	
2.4 CITY-ST-ZIP	AVON PARK FL 33825	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CYNTHIA D. RHM	
3.3 STREET ADDRESS	909 West Main Street	
3.4 CITY-ST-ZIP	AVON PARK FL 33825	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

Date

941-453-4455

Daytime Phone #

CR2E034 (9/96)