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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15035

1. Corporation Name

JUNIOR GOLF ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

P O BOX 180955
CASSELBERRY FL 32718

Mailing Address

C/O FRED VENTURONI
800 N. MAGNOLIA AVE STE 202
ORLANDO FL 32803



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Applied For
22	City & State	27	City & State	4	Not Applicable
23	Zip	28	Country	5	FEI Number
24	Country	29	Country	59-2805308	
25		30		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

VENTURONI, FREDERICK C.
836 CHICKAPEE TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	Zip Code
	FL 32751

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	FREEMON, MARK	1.2 NAME	
STREET ADDRESS	1055 TUGGONX PLACE	1.3 STREET ADDRESS	Tuscony Place
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Change Addition
NAME	POSNER, KEN	2.2 NAME	
STREET ADDRESS	ROLLINS COLLEGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	Change Addition
NAME	VENTURONI, FRED	3.2 NAME	
STREET ADDRESS	836 CHICKAPEE TRAIL	3.3 STREET ADDRESS	1650 Apache Trail
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D	4.1 TITLE	Change Addition
NAME	MCLELLON, RICHARD	4.2 NAME	
STREET ADDRESS	3436 BUTTON BUSH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	GIBBS, DONALD	5.2 NAME	
STREET ADDRESS	2011 EAST LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	SHAW, STAN	6.2 NAME	
STREET ADDRESS	121 WHITE CAPS CIRCLE	6.3 STREET ADDRESS	Receival
CITY-ST-ZIP	MAITLAND FL 32751	6.4 CITY-ST-ZIP	

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: *Fred Venturoni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 407-2565026

CR2E037 (11/98)