

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N21116 (1)**

1. Corporation Name

**INTERNATIONAL SENIORS AMATEUR GOLF SOCIETY, INC.**

Principal Place of Business

**422 32ND ST.  
WEST PALM BEACH FL 33407**

Mailing Address

**C/O JOHN THORNTON  
P. O. BOX 32415  
PALM BEACH GARDENS FL 33420-2415**3. Date Incorporated or Qualified  
**06/11/1987**3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip

Country

**24****25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City &amp; State

**28**

Zip

Country

**29****30**

4. FEI Number

**59-2803351**

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

10. Name and Address of New Registered Agent

**THORNTON, JOHN  
422 32ND ST.  
WEST PALM BEACH FL 33407**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> DELETE |
| NAME           | IKARD, WILLIAM        |                                 |
| STREET ADDRESS | 123 FEATHERMOON DR.   |                                 |
| CITY-ST-ZIP    | SANTA TERESA NM 88008 |                                 |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | VP                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | KOEPKE, DON        |  |
| STREET ADDRESS | 11720 WALTON PLACE |  |
| CITY-ST-ZIP    | NAPLES FL          |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | JONES, BARRY       |                                 |
| STREET ADDRESS | 1341 WRENFIELD WAY |                                 |
| CITY-ST-ZIP    | VILLANOVA PA       |                                 |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | TIPON, RUSSELL     |                                 |
| STREET ADDRESS | 15850 WINDRIFT DR. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33477   |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROSS, OBLEY          |  |
| STREET ADDRESS | 802 SLASH PINE COURT |  |
| CITY-ST-ZIP    | NAPLES FL            |  |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | THORNTON, JOHN           |                                 |
| STREET ADDRESS | 422 32ND ST.             |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33407 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>J. GRANT WALLACE</b>   |
| 2.3 STREET ADDRESS | <b>2175 Douglassbank Cres. SE.</b>  |
| 2.4 CITY-ST-ZIP    | <b>CALGARY, AB T2Z 2J4</b>  |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Secretary Schutz</b>   |
| 3.3 STREET ADDRESS | <b>4111 Clagett Road</b>  |
| 3.4 CITY-ST-ZIP    | <b>Hyattsville MD 20782</b>                                       |

|                    |  |
|--------------------|--|
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>TREASURER</b>   |
| 4.3 STREET ADDRESS | <b>Tipton</b>  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>EXECUTIVE DIRECTOR</b>  |
| 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 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

**John Thornton****2/4/97**

Date

**561-848-1222**

Daytime Phone # 0041803

CP2E037 (9/96)