NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT#**

1. Corporation Name

INTERNATIONAL SENIORS AMATEUR GOLF SOCIETY, INC.

Principal Place of Business 4 ELMWOOD LANE **ASHVILE NC 28803**

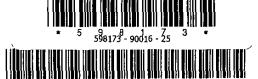
US

Mailing Address 4 ELMWOOD LANE

ASHEVILLE NC 28803

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90016 025 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26		06/11/1987		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		59-2803351	Not Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional	
23		28		5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29		Trust Fund Contribution	Added to Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Na				John Thornton	1	
THORNTO	ON, JOHN			82 Street Address (P.O. Box Number is Not Acceptable)		
2 53 FACIL BURN DRIVE				19485 40TH Avenue		
WESTON FL 33327						
	. —		84 City 4 1		85 Zip Code	
	\$-7.			Miami Beach F	L 33160	
the submitted by the su						
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.						
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
SIGNATURE Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р	X DELETE		Jack Fitzgerald	☐ Change 🔀 Addition	
NAME	ikárd, William		1.2 NAME	President a	~ ~ ~ .	
STREET ADDRESS	123 FEATHERMOON DR.		1.3 STREET ADDRESS	514 SE BURNING TO		
CITY-ST-ZIP	SANTA TERESA NM 88008		1,4 CITY-ST-ZIP	Stuart FL 3499		
TITLE	VP	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition	
NAME	J. GRANT WALLACE		2.2 NAME			
STREET ADDRESS	2175 DOUGLASBANK CRES S.	E.	2.3 STREET ADDRESS			
CITY-ST-ZIP	CALGARY AB		2. 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	JONES, BARRY	* *	3.2 NAME			
STREET ADDRESS	1341 WRENFIELD WAY		3.3 STREET ADDRESS		į	
CITY-ST-ZIP	VILLANOVA PA		3.4. CITY-ST-ZIP			
ппце	T	₩ DELETE	4.1 TITLE	reasurer Sames Morrison	☐ Change	
NAME	TIPTON, RUSSELL		4. 2 NAME	sames morrison		
STREET ADDRESS	15850 WINDRIFT DR.		4.3 STREET ADDRESS	24 Silvamist Covit]	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP	withe Silver NJ C	27739	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	ROSS, OBLEY		5.2 NAME			
STREET ADDRESS	*** ** ***		5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP			
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	THORNTON, JOHN		6.2 NAME		ſ	
STREET ADORESS	4 ELMWOOD LANE		6.3 STREET ADDRESS		1	
OTT OT TIP	VCHE/II LE VIC 38803	1	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.

HITCH MOLPHOILL 🛱 SIGNATURE: