

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21116** ✓

1. Corporation Name

INTERNATIONAL SENIORS AMATEUR GOLF SOCIETY, INC.

Principal Place of Business

4 ELMWOOD LANE
ASHVILLE NC 28803
US

Mailing Address

4 ELMWOOD LANE
ASHEVILLE NC 28803
US

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

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



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

06/11/1987

4. FEI Number

59-2803351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Election Campaign Financing ☐

\$5.00

May Be Added to Fees

9. Name and Address of Current Registered Agent

THORNTON, JOHN
250 EAGLE RUN DRIVE
WESTON FL 33327

10. Name and Address of New Registered Agent

81 Name

John Thornton

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

19485 40TH Avenue

83

84 City

N. Miami Beach

FL

85 Zip Code

33160

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

7/20/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	IKARD, WILLIAM	
STREET ADDRESS	123 FEATHERMOON DR.	
CITY-ST-ZIP	SANTA TERESA NM 88008	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	J. GRANT WALLACE	
STREET ADDRESS	2175 DOUGLASBANK CRES S.E.	
CITY-ST-ZIP	CALGARY AB	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, BARRY	
STREET ADDRESS	1341 WRENFIELD WAY	
CITY-ST-ZIP	VILLANOVA PA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TIPTON, RUSSELL	
STREET ADDRESS	15850 WINDRIFT DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, OBLEY	
STREET ADDRESS	802 SLASH PINE COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	THORNTON, JOHN	
STREET ADDRESS	4 ELMWOOD LANE	
CITY-ST-ZIP	ASHEVILLE NC 28803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Jack Fitzgerald	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	514 SE Burning Tree Circle	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James Morrison	
4.3 STREET ADDRESS	124 Silvermist Court	
4.4 CITY-ST-ZIP	Little Silver, NJ 07739	
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99 828-277-4000

Date

Daytime Phone #

CR2E037 (5/99)