

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N24877

(5) N/C 1-29-96

1. Corporation Name

ST. JOHNS COUNTY JUNIOR GOLF FOUNDATION, INC. (NEW NAME)

NORTHEAST FLORIDA JR. GOLF FOUNDATION INC.

Principal Place of Business

Mailing Address

300 S. PONCE DE LEON BLVD.  
P.O. BOX 860118  
ST. AUGUSTINE FL 32086

300 S. PONCE DE LEON BLVD.  
P.O. BOX 860118  
ST. AUGUSTINE FL 32086



3. Date Incorporated or Qualified  
02/17/1988

3a. Date of Last Report  
06/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2876904

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYAN, LINDA LOGAN  
97 ORANGE STREET  
ST. AUGUSTINE FL 32084

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKHARDT, BROOKS	
STREET ADDRESS	503 TURNBERRY LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	WUSNSCHEL, JOHN	
STREET ADDRESS	423 MARSH POINT CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARENTINE, JOSEPH	
STREET ADDRESS	310 MARSHSIDE DR	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANISCHALCO, C. H.	
STREET ADDRESS	500 C 13A SOUTH	
CITY-ST-ZIP	ELKTON FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARACKEN, HUGHES	
STREET ADDRESS	20 ROLFE AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAHTI, BRUCE M.	
STREET ADDRESS	426 MARSH POINT CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL	

13.

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MCCracken, HUGHES P.	
13 STREET ADDRESS	20 ROLFE AVE	
14 CITY-ST-ZIP	ST. AUG., FL. 32084	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LEETH, JACK	
33 STREET ADDRESS	164 MARSHSIDE DR	
34 CITY-ST-ZIP	ST. AUG., FL 32084	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	200001876192	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/26/96--01053--041	
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

5-1-96 (904) 461-1145

CS 6186196

CR2E037 (12/95)