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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morihm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47458** (7)

1. Corporation Name

ORLANDO AMATEUR GOLF CLASSIC, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2621
WINTER PARK FL 32780

P.O. BOX 2621
WINTER PARK FL 32780-2621



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1992		3a. Date of Last Report 03/25/1996	
21		26		4. FEI Number 59-3109011		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A.G.C. CO. 2300 SUN BANK CENTER 200 S. ORANGE AVE. ORLANDO FL 32801				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 *G. Thomas Ball* *President* **5/1/97**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, KENNETH W.	1.2 NAME	G. Thomas Ball
STREET ADDRESS	P.O. BOX 547697 N/A	1.3 STREET ADDRESS	200 S. Orange Ave., Suite 2300
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	WILSON, DAVID W.	2.2 NAME	
STREET ADDRESS	837 N. GARLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	MACLEOD, FRED	3.2 NAME	
STREET ADDRESS	100 WEST LUCERNE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	FULTON, RICHARD	4.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE., SUITE 2300	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *G. Thomas Ball* **5/13/97**

CR2E037 (9/96)