

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90061 031 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N93000000601**

1. Corporation Name

**GOLF ORIENTED LEADERSHIP FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 491324  
FORT LAUDERDALE FL 33349-1324  
US

Mailing Address

P.O. BOX 491324  
FT. LAUDERDALE FL 33349-1324  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/12/1993

4. FEI Number

65-0386998

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

9. Name and Address of Current Registered Agent

EGGELLETION, JOSEPHUS JR  
3376 NW 21ST ST  
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE P/D  
NAME EGGELLETION, JOSEPHUS JR  
STREET ADDRESS 3376 NW 21ST ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE D  
NAME HAGAN, LARRY  
STREET ADDRESS 3711 NW 109 AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D  
NAME REYNOLDS, DWIGHT  
STREET ADDRESS 1640 WEST OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D  
NAME THOMPSON, GERALD  
STREET ADDRESS 2633 NE 3RD AVE.  
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE D  
NAME BUTLER, CHUCK  
STREET ADDRESS 10401 NW 40TH PLACE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D  
NAME HUTCHINSON, WILLIAM  
STREET ADDRESS 514 SE 7 STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

Date

Daytime Phone #

CR2E037-11/98