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95 MAY 12 AM 11:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N93000002296 (2)**

1. Corporation Name

MARTIN COUNTY JUNIOR GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6394 S.E. THOMAS DR. STUART FL 34997 US	5815 S.E. FEDERAY HWY. STUART FL 34997 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1993**

3a. Date of Last Report: **03/16/1994**

4. FEI Number: **65-0424054** ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCOTT, BRUCE
6394 S.E. THOMAS DR.
STUART FL 34997

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Typed or printed name of registered agent and title if agent is corporation) _____ (If agent is corporation, signature of officer or director) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SCOTT, BRUCE	12 NAME		
STREET ADDRESS	6394 S.E. THOMAS DR.	13 STREET ADDRESS		
CITY ST ZIP	STUART FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	GREEN, LISA	22 NAME	Dauk, Rob	
STREET ADDRESS	5677 S.E. WINDSONG LANE, SUITE 540	23 STREET ADDRESS	1150 SE Letha Circle	
CITY ST ZIP	STUART FL	24 CITY ST ZIP	Stuart, FL 34994	
TITLE	STD	31 TITLE	C	☐ Change ☒ Addition
NAME	SCOTT, BRENDA	32 NAME	Allan Killian	
STREET ADDRESS	6394 S.E. THOMAS DR.	33 STREET ADDRESS	5414 SE Inlet Place	
CITY ST ZIP	STUART FL	34 CITY ST ZIP	Stuart, FL 34997	
TITLE	CT	41 TITLE	C	☐ Change ☒ Addition
NAME	COLASANTO, KATHY	42 NAME	Michael Wooda11	
STREET ADDRESS	3592 S.W. BIMINI CIRCLE	43 STREET ADDRESS	2248 NE Ginger Trail	
CITY ST ZIP	PALM CITY FL	44 CITY ST ZIP	Jensen Beach, FL 34957	
TITLE	CT	51 TITLE		☐ Change ☐ Addition
NAME	GITSCHIER, PARKER	52 NAME		
STREET ADDRESS	9006 BOB WHITE	53 STREET ADDRESS		
CITY ST ZIP	HOBE SOUND FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 the 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: Bruce J. Scott *Bruce J. Scott* 05/12/95 (407)286-6818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070717