

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002296 (2)

1. Corporation Name

MARTIN COUNTY JUNIOR GOLF ASSOCIATION, INC.

Principal Place of Business

6394 S.E. THOMAS DR.
STUART FL 34997
US

Mailing Address

5815 S.E. FEDERAY HWY.
STUART FL 34997
US



3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 26 6394 SE Thomas Dr

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

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 Stuart FL

24 Zip Country

29 34997 30 Martin

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCOTT, BRUCE
STREET ADDRESS 6394 S.E. THOMAS DR.
CITY-ST-ZIP STUART FL ☐ DELETE

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

TITLE VD
NAME DAUK, ROB
STREET ADDRESS 1150 S W LETHA CIRCLE
CITY-ST-ZIP STUART FL ☐ DELETE

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

TITLE C
NAME KILLIAN, ALLAN
STREET ADDRESS 5414 S E INLET PLACE
CITY-ST-ZIP STUART FL ☐ DELETE

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

TITLE C
NAME WOODALL, MICHAEL
STREET ADDRESS 2248 N E GINGER TRAIL
CITY-ST-ZIP JENSEN BEACH FL ☐ DELETE

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

TITLE CT
NAME GITSCHIER, PARKER
STREET ADDRESS 9006 BOB WHITE
CITY-ST-ZIP HOBE SOUND FL ☐ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

4/22/96 2866818
Date Daytime Phone #

CR2E037 (12/95)