

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004074

FILED
Feb 04, 2004
Secretary of State

Entity Name: PGA TOUR HISTORICAL FOUNDATION, INC.

Current Principal Place of Business:

112 PGA TOUR BLVD
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

112 PGA TOUR BLVD
PONTE VEDRA, FL 32082 US

New Mailing Address:

FEI Number: 59-3267923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIOLA, JAMES C
112 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINCHEM, TIMOTHY W
Address: 7160 MARSH HAWK COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DP () Delete
Name: KELLY, VERNON A JR.
Address: 1221 S FIRST ST TH-3
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DV () Delete
Name: ZINK, CHARLES L
Address: 104 PLANTERS ROW EAST
City-St-Zip: POINTE VEDRA BEACH, FL 32082

Title: ST () Delete
Name: HAWES, TIMOTHY M
Address: 81157 SEVEN MILE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY HAWES

ST

02/04/2004

Electronic Signature of Signing Officer or Director

Date