

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004074

FILED  
Jan 25, 2005  
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 M. HAWES

ST

01/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date