

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # N94000000899 (4)

1. Corporation Name

DAYTONA BEACH GOLF CHARITIES, INC.



Principal Place of Business

Mailing Address

5300 W. ATLANTIC AVE.  
SUITE 700  
DELRAY BEACH FL 33484

5300 W. ATLANTIC AVE.  
SUITE 700  
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

02/11/1994

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 1275 W Granada Blvd Suite 4C

26 Same

4. FEI Number

59-3214096

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4C

27

City & State

City & State

23 Ormond Beach, FL

28

Zip

Country

Zip

Country

24 32174

25 Volusia

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, LINDA J  
5300 W. ATLANTIC AVE.  
SUITE 700  
DELRAY BEACH FL 33484

81 Name

Ann Palmer

82 Street Address (P.O. Box Number is Not Acceptable)

1275 W Granada Blvd., Suite 4C

83

84 City

Ormond Beach

FL

85 Zip Code

32174

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

*J. Ann Palmer*; J. ANN PALMER; TOURNAMENT COORDINATOR

2/2/96

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME MONTGOMERY, JOHN D  
STREET ADDRESS 11211 S. MILITARY T., #3112  
CITY-STATE-ZIP BOYNTON BEACH FL

TITLE D ☒ DELETE  
NAME SHULER, WALTER W  
STREET ADDRESS 11211 S. MILITARY TR. #2214  
CITY-STATE-ZIP BOYNTON BEACH FL 33436

TITLE D ☐ DELETE  
NAME MIRABEL, GEROGE  
STREET ADDRESS 985 BELLEFLOWER  
CITY-STATE-ZIP PORT ORANGE FL 32127

TITLE D ☐ DELETE  
NAME HARDEMAN, JEFF  
STREET ADDRESS 2330 SHAWNEE MISSION PKWY  
CITY-STATE-ZIP WESTWOOD KS 66205

TITLE D ☐ DELETE  
NAME KELLY, LAWRENCE  
STREET ADDRESS 512 PELICAN BAY DR.  
CITY-STATE-ZIP DAYTONA BEACH FL 32119

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Jane Broadhurst  
1.3 STREET ADDRESS P.O. Box 2830  
1.4 CITY-STATE-ZIP Daytona Beach, FL 32120-2830

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Dave Freer  
2.3 STREET ADDRESS 226 Glenbriar Circle  
2.4 CITY-STATE-ZIP Daytona Beach, FL 32118

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME George Mirabal  
3.3 STREET ADDRESS P.O. Box 2475  
3.4 CITY-STATE-ZIP Daytona Beach, FL 32115-2475

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

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Chris Higgs  
5.3 STREET ADDRESS 157 Gull Drive South  
5.4 CITY-STATE-ZIP Daytona Beach, FL 32114

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

(904) 672-7900

CR2E037 (12/95)