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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000899 (4)**  
 1. Corporation Name  
**DAYTONA BEACH GOLF CHARITIES, INC.**

Principal Place of Business <b>5300 W. ATLANTIC AVE. SUITE 700 DELRAY BEACH FL 33484</b>	Mailing Address <b>5300 W. ATLANTIC AVE. SUITE 700 DELRAY BEACH FL 33484</b>
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2. Principal Place of Business 21 <b>1275 W Granada Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 4C</b> City & State 23 <b>Ormond Beach, FL</b> Zip 24 <b>32174</b>	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>02/11/1994</b>	3a. Date of Last Report <b>03/23/1995</b>
4. FEI Number <b>59-3214096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CLARK, LINDA J  
5300 W. ATLANTIC AVE.  
SUITE 700  
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent  
 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**  
 85 Zip Code  
**FL 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**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MONTGOMERY, JOHN D 11211 S. MILITARY T., #3112 BOYNTON BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SHULER, WALTER W 11211 S. MILITARY TR. #2214 BOYNTON BEACH FL 33436</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MIRABEL, GEROGE 985 BELLEFLOWER PORT ORANGE FL 32127</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HARDEMAN, JEFF 2330 SHAWNEE MISSION PKWY WESTWOOD KS 66205</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KELLY, LAWRENCE 512 PELICAN BAY DR. DAYTONA BEACH FL 32119</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D Jane Broadhurst P.O. Box 2830 (N/A) Daytona Beach, FL 32120-2830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D Dave Freer 226 Glenbriar Circle Daytona Beach, FL 32118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D George Mirabal P.O. Box 2475 (N/A) Daytona Beach, FL 32115-2475</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>D Chris Higgs 157 Gull Drive South Daytona Beach, FL 32114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/5/96** **(904) 672-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*2/2/96*  
*Request a duplicate file*