FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State SION OF CORPORATIONS

N95000005022 (7) DOCUMENT #

JUNIOR GIRLS GOLF CLUB OF LARGO, INC.

Principal Place of Business Maiting Address						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
120 TANGELO DR. 120 TANGELO DR. PALM HARBOR FL 34683-5536 PALM HARBOR FL 34683-5536									
						3. Date Incorporated or Qualified 10/20/1995	3a. D	ate of Last	Report
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address						Applied For
21		26				59-334386	0	'	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		7	5 Additional
22		27							Required
City & State		City & State				Election Campaign Financing			May Be
23		28				Trust Fund Contribution			d to Fees
Zip ∵1	Country	Žip	Cou	ntry		8. This corporation has liability for in	itangible t Yes 👍		. 199.032,
24	9. Name and Address of Curr	29	30			Florida Statutes 10. Name and Address of New Re			
	g. Name and Address of Cur	ent negistereo Agent		81	Name	TO. Harrie and Addition of their fi	giotorea	7190111	
COOTT	D444								
SCOTT, I			82 Street Ade			ess (P.O. Box Number is Not Acceptable)		
	gelo dr. Arbor Fl 34683-5536			83					
PALM DA	ANBUN FL 34003-3330								
				84	City		Fi	85 Zip	ip Code
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the abo	ve-r	L named corpor oration's boar	ration submits this statement for the pury rd of directors. I hereby accept the appo	oose of ch	nanging its r s registered	registered office
familiar wit	h, and accept the obligations of, S	ection 617.0503, Florida Statutes	S.					J	
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered as OFFICERS.	AND DIRECTORS	J E Pegistere.	Ager	it signature require	d when remistatings ADDITIONS CHANGES TO OFF		D DIRECTO	ORS IN 12
TITLE	D	DELETE	1 1 TI	TLE				Change	Addition
NAME	SCOTT, PAM		1.2 N						
STREET ADDRESS	120 TANGELO DR.				ADORESS				
	PALM HARBOR FL 34683-5	1		CITY-ST-ZIP					
CITY-ST-ZIP TITLE	D	DELETE	2 1 TI		21-211			Change	Addition
NAME	REYES, FREDDIE		2 2 N	AME					
STREET ADDRESS	1723 TROTTER RD.		2 3 S	TREET	ADDRESS				
City-ST-ZIP	LARGO FL 33644				ST-ZIP				
TITLE	D	DELÉTE	3 1 Ti	_				☐ Change	Addition
NAME	REYES, SUSAN		3 2 N	AME					
STREET ADDRESS	1723 TROTTER RD.		3 3 S	TREET	ADDRESS				
CITY-ST-ZIP	LARGO FL 33644		340	јгү.	S1 - ZIP				
TITLE		DELETE	4.1 T	TLE				☐ Change	Addition
NAME			4. 2 N	IAME					-
STREET ADORESS			43S	TREET	I ADDRESS				İ
CITY-ST-ZIP			4.4 C	(TY - 5	S1 - ZIP				
TITLÉ		DELETE	51T	TLE				☐ Change	☐ Addition
NAME			521	AME					
STREET ADDRESS			53S	TREE	I ADDRESS				
CITY-ST-ZIP			5 4 C	ITY-5	ST - ZIP				
TITLE		DELETE	617	ITLE				Change	☐ Addition
NAME			62 N	AME	1				
STREET ADDRESS			63S	TREE	T ADDRESS				ì

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 chapted, or on an attachment with an address

6.4 CITY - ST- ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 813-786-2918