

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005549 (9)**

1. Corporation Name

BOWDEN CUP CLASSIC, INC.

Principal Place of Business

**1446 LLOYDS COVE ROAD
TALLAHASSEE FL 32312**

Mailing Address

**1446 LLOYDS COVE ROAD
TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

59-3375246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ADAMS, L. CARL
1446 LLOYDS COVE ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, L. CARL	
STREET ADDRESS	1446 LLOYDS COVE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEARMAN, GUY M III	
STREET ADDRESS	402 HIGH POINT DRIVE, SUITE A	
CITY-ST-ZIP	COOCA FL 32928	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, LYNNE D	
STREET ADDRESS	1446 LLOYDS COVE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, WINSTON K	
STREET ADDRESS	3520 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, NICK L	
STREET ADDRESS	830 N DAWSON ST	
CITY-ST-ZIP	THOMASVILLE GA	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, ALISA	
STREET ADDRESS	7128 UPLAND GLADE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE:

Alisa Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/98
Date

(850) 224 7595
Daytime Phone # 0008508

CR2E037 (10/97)