

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N96000006573 (7)**

1. Corporation Name

NATIONAL ASSOCIATION OF JUNIOR GOLFERS, INC.

Principal Place of Business

11300 US HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address

P.O. BOX 30832
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 **11891 US Hwy ONE**

Suite, Apt. #, etc.

22 **Suite 101**

City & State

23 **North Palm Beach, FL**

Zip

24 **33408**

Country

25 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0713926

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAN FILIPPO, MICHAEL
7897 SE SPICEWOOD CIRCLE
HOBE SOUND FL 33455**

81 Name

SAME

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 ☐ DELETE

NAME **D**
MCGRAW, ROBERT D
STREET ADDRESS **BOX 39**
CITY-ST-ZIP **JACKSON NH 03846**

TITLE ☐ DELETE

NAME **D**
NATTI, WAYNE T
STREET ADDRESS **RFD 2 LISBON RD BOX 98**
CITY-ST-ZIP **LITTLETON NH 03561**

TITLE ☐ DELETE

NAME **D**
GRIFFIN, HOLLY J
STREET ADDRESS **11097 THYME DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☒ DELETE

NAME **D**
SAN FILIPPO, MICHAEL
STREET ADDRESS **7897 SE SPICEWOOD CIR**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☒ DELETE

NAME **D**
MANTUA, FRANK
STREET ADDRESS **5673 COLUMBIA RD #202**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Robert Parker**
1.3 STREET ADDRESS **2711 Washington Blvd**
1.4 CITY-ST-ZIP **Bellwood, IL 60104**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **SAM CASEY**
2.3 STREET ADDRESS **1250 N. Timmami Trail 304 D**
2.4 CITY-ST-ZIP **NAPLES, FL 34108**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Tim Gaddis**
3.3 STREET ADDRESS **11300 US Hwy ONE suite 400**
3.4 CITY-ST-ZIP **N. Palm Beach, FL 33408**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Dr. David Cook**
4.3 STREET ADDRESS **5055 Sunscape Lane South**
4.4 CITY-ST-ZIP **FORT WORTH, TX 76123**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: **Handwritten Signature**

SIGNATURE REQUIRED

9/16/97

101-3871

CR2E037 (4/97)