


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006573 (7)

1. Corporation Name

NATIONAL ASSOCIATION OF JUNIOR GOLFERS, INC.

Principal Place of Business

Mailing Address

11891 US HWY ONE #101
NORTH PALM BEACH FL 33408
US

P.O. BOX 30832
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

12/26/1996

4. FEI Number

65-0713926

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 11891 US Hwy ONE

27 STE # 101

27 City & State

28 North Palm Bch FL

29 Zip

30 33408

Country

US

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

9. Name and Address of Current Registered Agent

SAN FILIPPO, MICHAEL
7897 SE SPOCWOOD CIRCLE
HOBE SOUND FL 33455

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 ☐ DELETE

NAME MCGRAW, ROBERT D

STREET ADDRESS BOX 39

CITY-ST-ZIP JACKSON NH 03846

TITLE D ☒ DELETE

NAME NATI, WAYNE T

STREET ADDRESS RFD 2 LISBON RD BOX 98

CITY-ST-ZIP LITTLETON NH 03561

TITLE D ☒ DELETE

NAME GRIFFIN, HOLLY J

STREET ADDRESS 11097 THYME DR

CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ DELETE

NAME PARKER, ROBERT

STREET ADDRESS 2711 WASHINGTON BLVD

CITY-ST-ZIP BELLWOOD IL

TITLE D ☒ DELETE

NAME CASEY, SAM

STREET ADDRESS 1250 N TAMiami TrL #304D

CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME GEDDIS, TIM

STREET ADDRESS 11900 US HWY ONE #400

CITY-ST-ZIP NORTH PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Benny Alon

1.3 STREET ADDRESS 633 Skokie Blvd STE 201

1.4 CITY-ST-ZIP Northbrook IL 60062

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Mike Brennan

2.3 STREET ADDRESS 2300 Old German Town Rd

2.4 CITY-ST-ZIP Delray Bch FL 33445

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Mike Graziano

3.3 STREET ADDRESS 2711 Washington Blvd

3.4 CITY-ST-ZIP Bellwood IL 60104

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/98

561-776-9020

CR2E037 (5/98)