

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 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 # **N97000006289 (9)**
1. Corporation Name

UNITED STATES GOLF FOUNDATION, INC.



Principal Place of Business 2665 WEST EDGEWATER DRIVE PALM BEACH GARDENS FL 33410	Mailing Address 2665 WEST EDGEWATER DRIVE PALM BEACH GARDENS FL 33410	3. Date Incorporated or Qualified 11/06/1997
		4. FEI Number 65-0792954
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 29	Country 30	

8. Name and Address of Current Registered Agent JAMES, KEITH A 1655 PALM BEACH LAKES BOULEVARD SUITE 810 TOWER C WEST PALM BEACH FL 33401		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAVIGNAC, KRIS O		1.2 NAME BARNES, MATTHEW	(ADDRESS CHANGE)
STREET ADDRESS 2665 WEST EDGEWATER DRIVE		1.3 STREET ADDRESS 435 NEWHAVEN DRIVE	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP SUWANEE, GA 30024	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARNES, MATTHEW		2.2 NAME DAVIS, MARK	
STREET ADDRESS 370 CADALEIGH COURT		2.3 STREET ADDRESS 15604 84th AVE N.	
CITY-ST-ZIP ALPHARETTA GA 30202		2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME 	
STREET ADDRESS 		3.3 STREET ADDRESS 	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		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: **Kris O. Savignac** **KRIS O. SAVIGNAC** **4/30/98** **561-379-8484**

CR2E037 (10/97)