

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006289 ✓

1. Corporation Name

UNITED STATES GOLF FOUNDATION, INC.

Principal Place of Business

Mailing Address

2665 WEST EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

2665 WEST EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JAMES, KEITH A
1655 PALM BEACH LAKES BOULEVARD
SUITE 810 TOWER C
WEST PALM BEACH FL 33401

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVIGNAC, KRIS O		1.2 NAME	MICHAEL SPILLANE	
STREET ADDRESS	2665 WEST EDGEWATER DRIVE		1.3 STREET ADDRESS	4666 WADITA-KA WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, MATTHEW		2.2 NAME	GREG PHENEGER	
STREET ADDRESS	370 CADALEIGH COURT		2.3 STREET ADDRESS	607 CYPRESS ROAD	
CITY-ST-ZIP	ALPHARETTA GA 30202		2.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, MATTHEW		3.2 NAME		
STREET ADDRESS	435 NEWHAVEN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANEE GA 30021		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARK		4.2 NAME		
STREET ADDRESS	15604 84TH AVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		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, with all other like empowered.

SIGNATURE: *Kris S. Savignac*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/99

561-379-8484

Date

Daytime Phone #

CR2E037 (5/98)

609373 9 3 7 3 *

