

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90039 007 ****62.50

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1. Corporation Name

THE BROKEN TEE AMATEUR GOLFERS ASSOCIATION, INC.

Principal Place of Business

2512 TOMOKA AVENUE
TITUSVILLE FL 32780

Mailing Address

2512 TOMOKA AVENUE
TITUSVILLE FL 32780



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

FAYSON, GEORGE L SR.
2512 TOMOKA AVENUE
TITUSVILLE FL 32780

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

4-19-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
FAYSON, GEORGE L
STREET ADDRESS 2512 TOMOKA AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME DV
HOLMES, WILLIE L JR.
STREET ADDRESS 1190 BAY DRIVE EAST
CITY-ST-ZIP INDIAN HEAD BEACH FL 32937

TITLE ☐ DELETE

NAME DS
CORPENING, THOMAS
STREET ADDRESS 1650 TEE CIRCLE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME DS
CARROLL, NAPOLEON
STREET ADDRESS 3160 ARGYLE ROAD
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME DT
COOPER, THOMAS N
STREET ADDRESS 7255 CARILLON AVE.
CITY-ST-ZIP PORT ST. JOE FL 32927

TITLE ☐ DELETE

NAME D
BLATCH, ARTHUR C
STREET ADDRESS 1148 GROVES DR.
CITY-ST-ZIP ROCKLEDGE FL 32955

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (407) 867-3170
Date Daytime Phone #

CR2E037 (11/98)

0015301