FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P18377

(2)

NATIONAL GOLF FOUNDATION I, INC.												
Principal Place of Business Mailing Address							1 100 100 101 1150 10100 1111			410 11 01014 01011 10	/ I	
1150 SOUTH U.S. HIGHWAY 1 SUITE 401 JUPITER FL 33477		1150 SOUTH U.S. HIGHWAY 1 SUITE 401 JUPITER FL 33477				Date Incorporated or Qualified						
US		US					03/10/1988		05/29	5/1995		
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number			Applied For		
21		26					36-2921655 Not Applicat					
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	j i	7	. 75 Additiona ee Required	al		
City & State	}	City & State				6. Election Campaign Financin			5.00 May Be			
23		28				Trust Fund Contribution	" [Added to Fees				
Zip	Country	Zip Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29					Yes No					
	9. Name and Address of Curren	t Registered Agent		B1	Name	-	10. Name and Address of Ne	w Regis	stered Agent			
			}	-								
CORPORATION SERVICE COMPANY				82 Street Address (P.O. Bo			(P.O. Box Number is Not Acce	:ptable)				
	LYS STREET		ŀ	83								
IALLAH	ASSEE FL 32301		ļ									
				84	City				FL 85	Zip Code		
or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was authoria	zed by the c	/e-na orpoi	med co ration's	orporatio board o	n submits this statement for the f directors. I hereby accept the	appointr	e of changing ment as registe	its registered o red agent. I ar	office m	
SIGNATURE												
	Signature typed or printed name of registered agent OFFICERS AN		OTE Registered 13.	Agent s	signature re	required who	en reinstating) ADDITIONS/CHANGES TO	OFFICE	DATE DATE DIRECTOR	CTORS IN 12		
TITLE	VCD OFFICERS AN	DELETE	11 [[]	l F		T	ADDITIONS CHANGES TO	OFFICE	Char		ion	
NAME	JOHNSON, ROBERT			1 2 NAME						٠ ـ		
STREET ADDRESS	3030 LBJ FREEWAY, SUITE (200	1.3 \$									
CITY-ST-ZIP	DALLAS TX	,00	1.4 CI									
TITLE	S	DELETE	2.1 7/1			SD			☐ Char	nge 👿 Additi	ion	
NAME	O'GRADY, PATRICK		2.2 NA	ME			RADY, PATRICK					
STREET ADDRESS	147 CENTRE STREET		23\$1	3 STREET ADDRESS		14/	147 CENTRE STREET					
CITY - ST - ZIP	BROCKTON MA		2.40	Orit-Si-Eli		BROG	CKTON, MA 02403					
TITLE	C	_		31 TITLE C		CD			🔀 Char	nge 🔲 Addit	ion	
NAME	ABRAIN, ED						ABRAIN, ED					
STREET ADDRESS	200 W. BROADWAY						5822 BERNARDO CENTER DRIVE					
CITY-ST-ZIP TITLE	E Dec exe			3.4. CITY-ST-ZIP SA 4.1 TITLE		SAN	AN DIEGO, CA 09127			nge 🔲 Addit	tion	
NAME	DT Maxon, Robert		4. 2 N							• –		
STREET ADDRESS	1120 AVENUE OF THE AME	RICAS			DORESS							
CITY-ST-ZIP	NEW YORK NY			TY-ST								
TITLE	P	DELETE	5 1 TI	LE		P/CI	EO D		Chai	nge 🙀 Addit	tion	
NAME	BEDITZ, JOSEPH F.		5.2 NAME				EDITZ, JOSEPH F.					
STREET ADDRESS 1150 S. U.S. HWY. ONE, SUI		ITE 401	5.3 5				150 S. U.S. HWY. 1, SUITE 401					
CITY-ST-ZIP	JUPITER FL			TY-ST	- ZiP		LTER, FL 33477			F-1,		
TITLE		☐ DELETE	61 TI				· , · =···		☐ Cha	nge 🔲 Addit	Lion	
NAME			6 2 N/									
STREET ADDRESS					ADDRESS	1						
14. Ldo heret	control that the information supplied	with this filing is voluntarily for		IY-SI does			he exemption stated in Section	119.07	(3)(k), Florida S	tatutes. I furthe	er	

certify that the information indicated on this annual report or supplied what ansiming is voluntarily infrished and does not quality for the exemption stated in Section 119.07(3)(k), 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 TAME OF SIGNING OFFICER OR DIRECTOR & CEO

2720/96

Daytime Phone # 407-744-6006

CR2E037 (12/95)