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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P18377 (2)

1. Corporation Name

NATIONAL GOLF FOUNDATION I, INC.



Principal Place of Business Mailing Address  
1150 SOUTH U.S. HIGHWAY 1 SUITE 401 JUPITER FL 33477 US  
1150 SOUTH U.S. HIGHWAY 1 SUITE 401 JUPITER FL 33477-7226 US

3. Date Incorporated or Qualified 03/10/1988  
3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 36-2921655 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  
24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 VCD NAME JOHNSON, ROBERT STREET ADDRESS 3030 LBJ FREEWAY, SUITE 600 CITY-ST-ZIP DALLAS TX	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD 1.2 NAME JOE LOUIS BARROW, JR. 1.3 STREET ADDRESS 12364 ALAMEDA PKWY 1.4 CITY-ST-ZIP LAKEWOOD, CO 80228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME O'GRADY, PATRICK STREET ADDRESS 147 CENTRE STREET CITY-ST-ZIP BROCKTON MA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD 2.2 NAME CINDY DAVIS 2.3 STREET ADDRESS 100 INTERNATIONAL GOLF DRIVE 2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME ABRAIN, ED STREET ADDRESS 15822 BERNARDO CENTER DR CITY-ST-ZIP SAN DIEGO CA	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME ED ABRAIN 3.3 STREET ADDRESS 333 BRIDGE STREET 3.4 CITY-ST-ZIP FAIRHAVEN, MA 02719	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME MAXON, ROBERT STREET ADDRESS 1120 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> DELETE	4.1 TITLE CD 4.2 NAME ROBERT MAXON 4.3 STREET ADDRESS 1120 AVE. OF THE AMERICAS 4.4 CITY-ST-ZIP NEW YORK, NY 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PCEO NAME BEDITZ, JOSEPH F. STREET ADDRESS 1150 S. U.S. HWY. ONE, SUITE 401 CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> DELETE	5.1 TITLE VCD 5.2 NAME SCOTT CREELMAN 5.3 STREET ADDRESS 425 MEADOW STREET 5.4 CITY-ST-ZIP CHICOPEE, MA 01021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Joseph F. Beditz* JOSEPH F. BEDITZ, PRESIDENT & CEO 4-24-97 561-744-6006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044815

CP2E037 (9/96)