


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 022 ***122.50

0046901

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P18377

1. Corporation Name
NATIONAL GOLF FOUNDATION I, INC.

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1988
- Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2921655
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARROW, JOE LOUIS J	
STREET ADDRESS	12364 ALAMEDA PKW	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, CINDY	
STREET ADDRESS	6201 MOUNTAIN VIEW ROAD	
CITY-ST-ZIP	OOLTEWAH TN 37363	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAIN, ED	
STREET ADDRESS	333 BRIDGE ST	
CITY-ST-ZIP	FAIRHAVEN MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MAXON, ROBERT	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BEDITZ, JOSEPH F.	
STREET ADDRESS	1150 S. U.S. HWY. ONE, SUITE 401	
CITY-ST-ZIP	JUPITER FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CREELMAN, SCOTT	
STREET ADDRESS	425 MEADOW STREET	
CITY-ST-ZIP	CHICOPEE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph F. Beditz* **Joseph F. Beditz** Date: March 1, 1999 Daytime Phone #: 561-744-6006

CR2E037 (1/98)