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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18379** (8)

1. Corporation Name

NATIONAL GOLF FOUNDATION, INC.



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

3. Date Incorporated or Qualified

03/10/1988

4. FEI Number

36-2250699

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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	TD	☐ DELETE
NAME	BARROE; JOE L JR	
STREET ADDRESS	12364 W ALAMEDA PARKWAY	
CITY-ST-ZIP	LAKEWOOD CO	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	NAME MISSPELLED
1.3 STREET ADDRESS	BARROW, JOE
1.4 CITY-ST-ZIP	

TITLE	SD	☐ DELETE
NAME	DAVIS, CINDY	
STREET ADDRESS	1600 INTERNATIONAL GOLF DR	
CITY-ST-ZIP	DAYTONA BEACH FL	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	ADDRESS CHANGE ONLY
2.3 STREET ADDRESS	6201 MOUNTAIN VIEW ROAD
2.4 CITY-ST-ZIP	OOLETEWAH, TN 37363

TITLE	D	☐ DELETE
NAME	ABRAIN, ED	
STREET ADDRESS	333 BRIDGE STREET	
CITY-ST-ZIP	FAIRHAVEN MA	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	CD	☐ DELETE
NAME	MAXON, ROBERT	
STREET ADDRESS	1120 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	PCEO	☐ DELETE
NAME	BEDITZ, JOSEPH F.	
STREET ADDRESS	1150 SO US HWY 1, STE 401	
CITY-ST-ZIP	JUPITER FL	

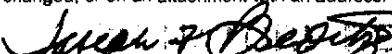
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	VCD	☐ DELETE
NAME	CREELMAN, SCOTT	
STREET ADDRESS	425 MEADOW STREET	
CITY-ST-ZIP	CHIPCOPEE MA	

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.

SIGNATURE:



Joseph F. Beditz

March 17, 1998

561-744-6006

CR2E037 (10/97)