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FILED
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

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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~BARROE,~~ JOE L JR		1.2 NAME	NAME MISSPELLED BARROW, JOE	
STREET ADDRESS	12364 W ALAMEDA PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CINDY		2.2 NAME		
STREET ADDRESS	~~100 INTERNATIONAL GOLF DR~~		2.3 STREET ADDRESS	ADDRESS CHANGE ONLY 6201 MOUNTAIN VIEW ROAD	
CITY-ST-ZIP	~~DAYTONA BEACH FL~~		2.4 CITY-ST-ZIP	OOLTEWAH, TN 37363	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ABRAIN, ED		3.2 NAME		
STREET ADDRESS	333 BRIDGE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRHAVEN MA		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAXON, ROBERT		4.2 NAME		
STREET ADDRESS	1120 AVE OF THE AMERICAS		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEDITZ, JOSEPH F.		5.2 NAME		
STREET ADDRESS	1150 SO US HWY 1, STE 401		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CREELMAN, SCOTT		6.2 NAME		
STREET ADDRESS	425 MEADOW STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPCOPEE MA		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 (Joseph) F. Beditz March 17, 1998 561-744-6006

CR2E037 (10/97)