FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT**

1997

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003470 (7)

FLORIDA YOUTH GOLF ASSOCIATION, INC.

Principal Place of Business Mailing Address 9425 S.E. FEDERAL HIGHWAY 9425 S.E. FEDERAL HIGHWAY HOBE SOUND FL 33455 HOBE SOUND FL 33455-6209 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-063426 21 Not Applicable Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired 22 Fee Required City & State ily & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 No. 25 Yes Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 THOMASON, COY Name 9425 S.E. FEDERAL HIGHWAY 62 Street Address (P.O. Box Number is Not Acceptable) **HOBE SOUND FL 33455** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Brigistured Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if approach? 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)TITLE DELETE 1.1 1111.6 Change Addition NAME THOMASON, COY 1.2 NAME 9425 S.E. FEDERAL HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **HOBE SOUND FL 33455** CITY-ST-ZIP 1.4 CHY - S1 - 7(P TITLE DELFTE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 1816 Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 1111.6 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-7IP DELFTE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 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 reports 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 of the receiver or trustor impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachmonomial an address.