


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N33764 (4)
1. Corporation Name
SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

| | |
|---|---|
| Principal Place of Business 112 TPC BLVD PONTE VEDRA FL 32082 | Mailing Address 112 TPC BLVD PONTE VEDRA FL 32082 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/15/1989 | 3a. Date of Last Report 04/27/1994 |
| 4. FEI Number 59-2998912 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

9. Name and Address of Current Registered Agent
**ATTER, HELEN S.
112 TPC BLVD
PONTE VEDRA FL 32082**

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------------|
| TITLE | DCP |
| NAME | KUGHN, RICHARD P |
| STREET ADDRESS | 50825 RICHARD W BLVD |
| CITY - ST - ZIP | CHESTERFIELD MI |
| TITLE | D |
| NAME | RENICK, JAMES C |
| STREET ADDRESS | UM, OFC OF THE CHANCELLOR |
| CITY - ST - ZIP | DEARBORN MI 91 |
| TITLE | D |
| NAME | FINCHEM, TIMOTHY |
| STREET ADDRESS | 112 TPC BLVD |
| CITY - ST - ZIP | PONTE VEDRA BCH FL |
| TITLE | D |
| NAME | HALL, DONALD R |
| STREET ADDRESS | 1778 WEST WARREN AVE |
| CITY - ST - ZIP | DETROIT MI |
| TITLE | D |
| NAME | MCNAMARA, EDWARD H |
| STREET ADDRESS | WAYNE CO BLDG, 600 RANDOLPH |
| CITY - ST - ZIP | DETROIT MI |
| TITLE | D |
| NAME | DORAN, WAYNE |
| STREET ADDRESS | 1 PARKLANE BLVD, STE 1500 E |
| CITY - ST - ZIP | DEARBORN MI |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | 48051 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | DEARBORN, MI 48128-1491 |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | 32082 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | PLUMMER, DEREK |
| 4.3 STREET ADDRESS | 750 STEPHENSON HIGHWAY |
| 4.4 CITY - ST - ZIP | TROY, MI 48083 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | 48226 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | 48126 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. Triola 4/19/95 904/285-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #
JAMES C. TRIOLA, SECRETARY

N33769

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Item 12. Officers and Directors (continued)

7.1 Title: V
7.2 Name: Hughes, Henry
7.3 Address: 112 TPC Boulevard
7.4 City-St-Zip: Ponte Vedra Beach, Florida 32082

8.1 Title: T
8.2 Name: Zink, Charles L.
8.3 Address: 112 TPC Boulevard
8.4 City-St-Zip: Ponte Vedra Beach, Florida 32082

9.1 Title: S
9.2 Name: Triola, James C.
9.3 Address: 112 TPC Boulevard
9.4 City-St-Zip: Ponte Vedra Beach, Florida 32082