

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morthary Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33764 (4)**  
 1. Corporation Name  
**SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.**



Principal Place of Business <b>112 TPC BLVD PONTE VEDRA FL 32082</b>	Mailing Address <b>112 TPC BLVD PONTE VEDRA FL 32082</b>
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3. Date Incorporated or Qualified <b>08/15/1989</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FEI Number <b>59-2998912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, 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
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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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when replacing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUGHN, RICHARD P	1.2 NAME	
STREET ADDRESS	50625 RICHARD W BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MI	1.4 CITY-ST-ZIP	<b>48051</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENICK, JAMES C	2.2 NAME	
STREET ADDRESS	UM, OFC OF THE CHANCELLOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	2.4 CITY-ST-ZIP	<b>Dearborn, MI 48128-1491</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHEM, TIMOTHY	3.2 NAME	
STREET ADDRESS	112 TPC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	<b>32082</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMMER, DEREK	4.2 NAME	
STREET ADDRESS	750 STEPHENSON HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	4.4 CITY-ST-ZIP	<b>48083</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAMARA, EDWARD H	5.2 NAME	
STREET ADDRESS	WAYNE CO BLDG, 600 RANDOLPH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	<b>48226</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORAN, WAYNE	6.2 NAME	
STREET ADDRESS	1 PARKLANE BLVD, STE 1500 E	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	6.4 CITY-ST-ZIP	<b>48126</b>

*continued*

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 119.07(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 617, 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 April 17, 1996 904/285-3700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dacting Phone #

CR2E037 (12/95)

N 33764

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SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

Item 12. Officers and Directors (continued)

Title V  
Name Hughes, Henry  
Address 112 TPC Boulevard  
City-St-Zip Ponte Vedra Beach, Florida 32082

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

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