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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769565 (3)

1. Corporation Name
SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
13000 SAWGRASS VILLAGE CIRCLE STE. 37 PONTE VEDRA FL 32082 US

3. Date Incorporated or Qualified 07/26/1983 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State 23 27
Zip Country 24 25 29 30
4. FEI Number 59-2483547 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WIELGU, CHUCK
13000 SAWGRASS VILLAGE DR.
STE. 37
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 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELKNAP NEIL	1.2 NAME	DENNY ANTRAM
STREET ADDRESS	7281 LONE PINE DR STE 202	1.3 STREET ADDRESS	16002 N. DALE MABRY HWY
CITY-ST-ZIP	RANCHO MURIETA CA	1.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALESKI, MARY ANN	2.2 NAME	
STREET ADDRESS	430 SWEDES FORD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL JACK	3.2 NAME	
STREET ADDRESS	25 MELVILLE PARK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVNER, HOLLIS	4.2 NAME	
STREET ADDRESS	8990 SPRINGBROOK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COON RAPIDS MN	4.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIELGUS, CHUCK	5.2 NAME	
STREET ADDRESS	13000 SAWGRASS VILLAGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELE, PETER	6.2 NAME	
STREET ADDRESS	1861 SUDBURY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	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 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: *Chuck Wielgus* REQUIRED 2/6/97 904-285-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001176

CR2E037 (9/96)