

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 32082-3046</b>
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3. Date Incorporated or Qualified <b>08/15/1989</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-2998912</b>	Applied For 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	

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

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	<b>DCP</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KUGHN, RICHARD P</b>	1.2 NAME	
STREET ADDRESS	<b>50625 RICHARD W BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MI</b>	1.4 CITY-ST-ZIP	<b>48051</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RENICK, JAMES C</b>	2.2 NAME	
STREET ADDRESS	<b>UM, OFC OF THE CHANCELLOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEARBORN MI</b>	2.4 CITY-ST-ZIP	<b>48128-1491</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FINCHEM, TIMOTHY</b>	3.2 NAME	
STREET ADDRESS	<b>112 TPC BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	3.4 CITY-ST-ZIP	<b>32082</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLUMMER, DEREK</b>	4.2 NAME	
STREET ADDRESS	<b>750 STEPHENSON HIGHWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	4.4 CITY-ST-ZIP	<b>48083</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCMAMARA, EDWARD H</b>	5.2 NAME	
STREET ADDRESS	<b>WAYNE CO BLDG, 800 RANDOLPH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DETROIT MI</b>	5.4 CITY-ST-ZIP	<b>48226</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORAN, WAYNE</b>	6.2 NAME	
STREET ADDRESS	<b>1 PARKLANE BLVD, STE 1500 E</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEARBORN MI</b>	6.4 CITY-ST-ZIP	<b>48126</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** *James C Triola* **04/25/97** **904/285-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001183

CR2E037 (9/96)

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