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U.S. 5010

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N33764

1. Corporation Name
SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

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|--|--|
| Principal Place of Business 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US | Mailing Address 112 PGA TOUR BLVD PONTE VEDRA FL 32082 US |
|--|--|



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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/15/1989 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2998912 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ANDERSON, RICHARD D 112 PGA TOUR BLVD PONTE VEDRA FL 32082 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | DCP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input 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 48051 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input 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 48128-1491 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINCHEM, TIMOTHY | 3.2 NAME | |
| STREET ADDRESS | 112 PGA TOUR BOULEVARD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL 32082 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLUMMER, DEREK | 4.2 NAME | |
| STREET ADDRESS | 750 STEPHENSON HIGHWAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TROY MI 48063 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input 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 48226 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input 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 48126 | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Richard D. Anderson 4/13/99 (904/285-3700)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037..(1/98)

N 33764
389770-90157-45

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

ITEM 12. Officers and Directors (continued)

Title: V
Name: Hughes, Henry
Street Address: 112 PGA TOUR Boulevard
City-St-Zip: Ponte Vedra Beach, Florida 32082

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

Title: S
Name: Anderson, Richard D.
Street Address: 112 PGA TOUR Boulevard
City-St-Zip: Ponte Vedra Beach, Florida 32082