

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41173

Entity Name: JACK NICKLAUS MUSEUM, INC.**Current Principal Place of Business:**11780 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**Current Mailing Address:**5750 MEMORIAL DR
DUBLIN, OH 43017**FEI Number:** 65-0220781**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLEMING HAILE & SHAW P.A.
11780 HWY. ONE
SUITE #300
NORTH PALM BEACH, FL 33408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LAROCCA, NICHOLAS
Address	11780 US HWY 1, STE. 500
City-State-Zip:	N. PALM BEACH FL

Title	VPS
Name	JANKOVIC, JOHN
Address	11780 US HWY ONE # 500
City-State-Zip:	NORTH PALM BEACH FL

Title	AS
Name	MAHER, DANIEL
Address	11780 US HIGHWAY ONE 500
City-State-Zip:	NORTH PALM BEACH FL

Title	D
Name	KESSLER, JOHN W
Address	11780 U.S. HIGHWAY ONE STE 500
City-State-Zip:	N PALM BCH FL

Title	D
Name	NICKLAUS, II J
Address	11780 U. S. HWY ONE STE 500
City-State-Zip:	NORTH PALM BEACH FL

Title	D
Name	NICKLAUS, BARBARA B.
Address	11780 U. S. HWY ONE STE 500
City-State-Zip:	NORTH PALM BEACH FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN JANKOVIC

VP - TREASURER

04/14/2016

Electronic Signature of Signing Officer/Director Detail_____
Date