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May 09 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 # N96000001704 (3)

1. Corporation Name

THE GARY PLAYER FOUNDATION, INC.



Principal Place of Business

Mailing Address

3930 RCA BOULEVARD
SUITE 3001
PALM BEACH GARDENS FL 33411

3930 RCA BOULEVARD
SUITE 3001
PALM BEACH GARDENS FL 33410-4291

3. Date Incorporated or Qualified
03/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 3930 RCA BLVD

2a. Mailing Address

26 3930 RCA BLVD

4. FEI Number

31-1485046

Applied For

Not Applicable

Suite, Apt. #, etc.

22 STE 3001

Suite, Apt. #, etc.

27 STE 3001

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

23 PALM BEACH GARDENS, FL

City & State

24 PALM BEACH GARDENS, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

24 33410

Country

25 USA

Zip

29 33410

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

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

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	PLAYER, GARY J	
STREET ADDRESS	3930 RCA BLVD, SUITE 3001	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	KIRKLAND, LES	
STREET ADDRESS	3930 RCA BLVD, SUITE 3001	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PLAYER, MARC B	
STREET ADDRESS	3930 RCA BLVD, SUITE 3001	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	CAMPBELL, PAMELA J	
STREET ADDRESS	3930 RCA BLVD, SUITE 3001	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	CROUCH, ARLEN B.	
STREET ADDRESS	2200 WEST PARKWAY BLVD	
CITY-ST-ZIP	SALT LAKE CITY, UTAH 84119	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	SMITH, HYRUM W.	
STREET ADDRESS	2200 WEST PARKWAY BLVD	
CITY-ST-ZIP	SALT LAKE CITY, UTAH 84119	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEARROTE, MICHAEL G.	
1.3 STREET ADDRESS	11 VICTORIA STREET, PO BOX 144	
1.4 CITY-ST-ZIP	HAMILTON HM EX, BERMUDA	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STUTES, HARRY	
2.3 STREET ADDRESS	151 SEMORAN COMMERCE PLACE	
2.4 CITY-ST-ZIP	APOPIKA, FL 32703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature] DATE: 4/24/97

CR2037 (9/96)