


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90023 021 ****61.25

DOCUMENT # 708152
 1. Entity Name
INTERNATIONAL SWIMMING HALL OF FAME, INC.



Principal Place of Business: **1 HALL OF FAME DR. FORT LAUDERDALE FL 33316**
 Mailing Address: **1 HALL OF FAME DR. FORT LAUDERDALE FL 33316**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number: **59-1087179**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FREAS, SAMUEL J., DR. ED.D
1 HALL OF FAME DRIVE
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: SD NAME: KEMPTHORNE, ALICE STREET ADDRESS: 5701 BAYVIEW DRIVE CITY-ST-ZIP: FT LAUDERDALE, FL 00000	<input type="checkbox"/> Delete
TITLE: COB NAME: EDEST, JOHN STREET ADDRESS: 2825 NE 25TH CT. CITY-ST-ZIP: FORT LAUDERDALE FL 33305	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: NEWBURGER, DALE STREET ADDRESS: 201 S. CAPITAL AVE. SUITE 200 CITY-ST-ZIP: INDIANAPOLIS IN 46225	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: PICKERT, LYNN STREET ADDRESS: 211 W PEARL STREET PO BOX 447 CITY-ST-ZIP: UNION CITY IN 47390	<input type="checkbox"/> Delete
TITLE: CEO NAME: FREAS, SAMUEL J., DR. ED STREET ADDRESS: 1 HALL OF FAME DR. CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: COB NAME: Dale Neuburger STREET ADDRESS: 201 S. Capital Ave Suite 1200 CITY-ST-ZIP: Indianapolis, IN 46225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: John Fleckmeyer STREET ADDRESS: 1744 SE 9th St CITY-ST-ZIP: Ft. Laud, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
 Date: **4/15/04** Daytime Phone #: **954-462-6534**