

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8: 27

DOCUMENT # N50776 (6)

1. Corporation Name

ORLANDO AREA SPORTS COMMISSION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2969
 ORLANDO FL 32802-2969

P.O. BOX 2969
 ORLANDO FL 32802-2969

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3152788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for insurance tax under s. 155.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOVENKAMP, DIANE P
 1518 GRACE LAKE CIR
 LONGWOOD FL 32750

B1 Name

Randy Johnson

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 672 Bellhurst Court

B4 City

Orlando

FL

B5 Zip Code

32835

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 re-registering)

June 8, 1995
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME HOVENKAMP, DIANE P
 STREET ADDRESS 1518 GRACE LAKE CIR
 CITY - ST - ZIP LONGWOOD FL

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

P D
 Randy Johnson
 672 Bellhurst Court
 Orlando, FL 32835

Change Addition

TITLE D
 NAME MEUNIER, JOHN
 STREET ADDRESS 3328 WAX BERRY CT
 CITY - ST - ZIP WINDERMERE FL

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

C D
 Gene B. Daniel
 498 Palm Springs Drive, # 240
 Altamonte Springs, FL 32701

Change Addition

TITLE D
 NAME VON WELLER, H J
 STREET ADDRESS PO BOX 160008 N/A
 CITY - ST - ZIP ALTAMONTE SPRINGS FL

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 June 95 (407) 448-4720
 Date Signature/Title

CR2E037 (3/95)