

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified  
**09/10/1992**

3a. Date of Last Report  
**06/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **126 E. Lucerne Circle**

26 **126 E. Lucerne Circle**

4. FEI Number  
**59-3152788**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

**Orlando, FL**

**Orlando, FL**

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

24 Zip

25 Country

29 Zip

30 Country

**32801**

**USA**

**32801**

**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

**RANDY JOHNSON  
672 BELLHURST COURT  
ORLANDO FL 32835**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, RANDY</b>	1.2 NAME	
STREET ADDRESS	<b>672 BELLHURST COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL, GENE B</b>	2.2 NAME	<b>Daniel, Gene B.</b>
STREET ADDRESS	<b>498 PALM SPRINGS DRIVE, #240</b>	2.3 STREET ADDRESS	<b>200 S. Orange Ave. 0-1073</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32802</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VON WELLER, H J</b>	3.2 NAME	<b>Chira, Lez</b>
STREET ADDRESS	<b>PO BOX 160008 N/A</b>	3.3 STREET ADDRESS	<b>3300 S. Hlawassee, St. 107</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32335</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 1996 (407) 648-4900

Date

Daytime Phone #

CR2E037 (12/95)