

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:48

DOCUMENT # N93000003120 (3)

1. Corporation Name

FLORIDA DEMOLAY HALL OF FAME, INC.

Principal Place of Business

Mailing Address

2725 - 46TH AVE. N.
ST. PETERSBURG FL 33714
US

P. O. BOX 40903
ST. PETERSBURG FL 33743
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/07/1993

06/24/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2725 46TH AV. N.

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 ST. PETERSBURG, FL

24 Zip Country

25

29 33714

30 U.S.

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

\$68.75 Supplemental Fee Not Required

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

LIVINGSTON, JOHN B SR.
2725 - 46TH AVE. N.
ST. PETERSBURG FL 33714

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE John B. Livingston, SR. Secretary

(NOTE: Registered Agent signature required when renewing)

March 18, 1995
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME MUIR, W.E. "GENE"
STREET ADDRESS 2157 PINE RIDGE DR.
CITY-ST-ZIP CLEARWATER FL 34823

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME GLYNN, WILLIAM F
STREET ADDRESS 12100 SEMINOLE BLVD., #133
CITY-ST-ZIP LARGO FL 34848

2.1 TITLE Change Addition
2.2 NAME DV
2.3 STREET ADDRESS Meguire, Jerome M
2.4 CITY-ST-ZIP 145 W. FAUS BLVD
TAMPA, FL 33606

TITLE DS
NAME LIVINGSTON, JOHN B SR.
STREET ADDRESS 2725 - 46TH AVE., N.
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME STEAR, GEORGE A
STREET ADDRESS 5036 CYPRESS TRACE DR.
CITY-ST-ZIP TAMPA FL 33624

4.1 TITLE Change Addition
4.2 NAME DT
4.3 STREET ADDRESS STEAR, George A
4.4 CITY-ST-ZIP 400 E HARRISON ST APT 200
TAMPA, FL 33602

TITLE D
NAME BLANTON, ZEB E JR.
STREET ADDRESS 103 GUM ST.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME ANDERSON, ROBERT L
STREET ADDRESS 3351 SPANISH TRAIL, #211
CITY-ST-ZIP DELRAY BEACH FL 33483

6.1 TITLE Change 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 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B. Livingston, SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1995
Date (813) 726-2893
Telephone No.