

**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 # **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

2725 46TH AV. N.  
ST. PETERSBURG FL 33714  
US

3. Date Incorporated or Qualified **07/07/1993** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>NOT APPLICABLE</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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**

**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 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	DCP <input type="checkbox"/> DELETE	1.1 TITLE	ADS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUIR, W.E. "GENE"	1.2 NAME	VYVYAN, RAY W
STREET ADDRESS	2157 PINE RIDGE DR.	1.3 STREET ADDRESS	108 PORTREE DR.
CITY - ST - ZIP	CLEARWATER FL 34623	1.4 CITY - ST - ZIP	DUNEDIN, FL. 34698
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGUIAR, JEROME M.	2.2 NAME	
STREET ADDRESS	145 W. DAVIS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, JOHN B SR.	3.2 NAME	
STREET ADDRESS	2725 - 46TH AVE., N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEAR, GEORGE A.	4.2 NAME	
STREET ADDRESS	400 E. HARRISON ST. APT. 200	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, ZEB E JR.	5.2 NAME	
STREET ADDRESS	103 GUM ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT L	6.2 NAME	
STREET ADDRESS	3351 SPANISH TRAIL, #211	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33483	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: *W. E. Gene Muir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 1996 813-536-3715

Date Daytime Phone #

CR2E037 (12/95)