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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33714-3957  
US

3. Date Incorporated or Qualified  
07/07/1993

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business  
21 407 BELCHER RD. N

2a. Mailing Address  
26 407 BELCHER RD N

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

22 CLEARWATER, FL  
Suite, Apt. #, etc.  
City & State

27 CLEARWATER, FL  
Suite, Apt. #, etc.  
City & State

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

23 CLEARWATER, FL  
City & State

28 CLEARWATER, FL  
City & State

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

24 24625  
Zip

25 PINELLAS  
Country

29 24623  
Zip

30 PINELLAS  
Country

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 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 ADS  DELETE  
NAME VVYAN, RAY W.  
STREET ADDRESS 108 PORTREE DR  
CITY-ST-ZIP DUNEDIN FL

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

TITLE DV  DELETE  
NAME MEGUIAR, JEROME M.  
STREET ADDRESS 145 W. DAVIS BLVD.  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

TITLE DPRESIDENT  DELETE  
NAME W.E. "GENE" MUIR  
STREET ADDRESS 2157 PINE RIDGE DR  
CITY-ST-ZIP CLEARWATER, FL 24623

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, PRESIDENT

JAN. 28, 1997

813-736-3815

Date

Daytime Phone # 0051083

CR2E037 (9/96)