FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000003120

1. Corporation Name

FLORIDA DEMOLAY HALL OF FAME, INC.

Frincipal Flace of Business								
407 BELCHER RD N CLEARWATER FL 33765-2607								
110								

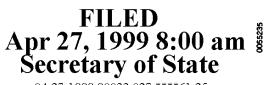
2. Principal Place of Business

Mailing Address

2a. Mailing Address

407 BELCHER RD N CLEARWATER FL 33765-2607

26



04-27-1999 90033 027 ****61.25

|--|--|

3. Date Incorporated or Qualifed

07/07/1993

Suite, Act.	#, etc.	Suite, Apr. #, etc.			TELINCHIDES				Apt iled t of		
22		27				NOT	<u>APPLICABLE</u>		Not	Applicable	
City & State		City & State				5 Cortifo	ate of Status Desire	d □	\$8.75 A	,	
23		28				v. Ceruic:			Fee Rec	uired	
Zip	Country	Zip	Cou	ntry	6. Election (Campaign Financing		\$5.00 May Be Added to Fees		
24	25	29	30			Trust Fund Contribution					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81 Nar	200	OME	MM	EQUIAR			
LIVINGSTON, JOHN B SR.				82 Stre	et Addre	ass (P.O. Bo)	Number is Not Acc				
2725 - 46TH AVE. N					145	W. 1	AVIS /	3LVd.			
ST. PETERSBURG FL 33714				83							
Of. I LILI	IODORG 1E 007 14			84 City		 -			85 Zip C	ode	
				~	/ <i>H I</i> N	PA		FL	. 🗆 🗆 35	606	
11. Pursuant to the provisions of Sections 617.0502 and 617.4508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered											
11. Pursuant to the provisions of Sections 617.0502 and 617.4508, Florida Statt tes, 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 approintment as registered agent. I am familiar with, and accept the obligations of Section 647.0503, Florida Statutes.											
SIGNATUFE Standarde, Spend Control of Registered agent and the Copplication. (NOTE: Registered Agent signature required when reinstating) DATE DATE											
12.	OFFICERS AND	DIRECTORS	13.			ADDITK	NS/CHANGES TO	OFFICERS .	ID DIRECTO	S IN 12	
TITLE	DV	☐ DELETE	1.1 Til	ΓLE	T				Change	☐ Addition	
NAME	MEGUIAR, JEROME M.		1.2 NA	ME							
STREET ADDRESS	145 W. DAVIS BLVD.		1.3 ST	REET ADDR	SS						
CITY-ST-ZIP	TAMPA FL		1,4 Cf	TY-ST-ZIP	ļ						
TITLE	DS DS	⊠ DELETE	2.1 TI						☐ Change	Addition	
NAME	LIVINGSTON, JOHN B SR.		2.2 N	WE.	1						
STREET ADDRESS	2725 - 46TH AVE., N.			REET ADDR	ss						
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 C	ITY-ST-ZIP							
TITLE	D D	☐ DELETE	3.1 Tr			•			☐ Change	Addition	
NAME	BLANTON, ZEB E JR.		3.2 NA	₩E							
STREET ADDRESS			3351	REET ADDR	ss						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			ITY-ST-ZIP							
TITLE		□ DELETE	4.1 TU			 -			Change	Addition	
NAME	D ANDERSON BOREDT I	<u> </u>	4.2N								
	ANDERSON, ROBERT L		I	REET ADDR	225						
STREET ADDRESS	000, 0.7.0007. 7.2.00, #2			TY-ST-ZIP							
TITLE	DELRAY BEACH FL 33483	☐ DELETE	5.1 TI						∑ Change	Addition	
1	DP	_ 52.5.1	5.2 N/		· ·					_	
NAME	W.E. "GENE" MUIR		1	REET ADDR	ss						
	2157 PINE RIDGE DR		9	TY-ST-ZIP							
CITY-ST-ZIP	CLEARWATER FL.	☐ DELETE	6.1 TI						Change	Addition	
TITLE		- Detere	6.2 N								
NAME			1	REET ADDR	-88						
STREET ADDRESS											
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	L_						

I 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, with all other like empowered.

SIGNATURE: