


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003120
 1. Entity Name
FLORIDA DEMOLAY HALL OF FAME, INC.



Principal Place of Business Mailing Address
5500 MEMORIAL HWY. **164 NIGHTINGALE CIRCLE**
TAMPA FL 33634-7336 **ELLENTON FL 34222-4254**
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
MEGUIAR, JEROME M
145 W. DAVIS BLVD
TAMPA FL 33606

4. FEI Number Applied For
59-3144673 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEGUIAR, JEROME M.	
STREET ADDRESS	145 W. DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33606-3539	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, GORDAN	
STREET ADDRESS	30700 US 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-4445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEDORY, A, L	
STREET ADDRESS	2517 CULBREATH COVE CT	
CITY-ST-ZIP	VALRICO FL 33594-6387	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEGUIAR, ROBERT JORDAN	
STREET ADDRESS	145 WEST DAVIS BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33606-3539	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEVAN, CHARLES M	
STREET ADDRESS	164 NIGHTINGALE CIRCLE	
CITY-ST-ZIP	ELLENTON FL 34222-4254	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUIR, WALTER E GENE	
STREET ADDRESS	3333 LIVERPOOL POINT	
CITY-ST-ZIP	INVERNESS FL 34452-8709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000303256	
CITY-ST-ZIP	04/13/05-80107-005 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles M. Levan Charles M. Levan, Treasurer 11 April 2005