


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State


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



Principal Place of Business
5500 MEMORIAL HWY.
TAMPA, FL 33634-7336 US

Mailing Address
164 NIGHTINGALE CIRCLE
ELLENTON, FL 34222-4254

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3144673 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MEGUIAR, JEROME M
145 W. DAVIS BLVD
TAMPA, FL 33606

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEGUIAR, JEROME M. 145 W. DAVIS BLVD. TAMPA, FL 336063539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEDORY, A, L 2517 CULBREATH COVE CT VALRICO, FL 335946387
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEGUIAR, ROBERT JORDAN 4124 GRADSTONE PLACE TAMPA, FL 336177370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEVAN, CHARLES M 164 NIGHTINGALE CIRCLE ELLENTON, FL 342224254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/15/08-80045-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 1/10/08 941-729-1702
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #