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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001307 (7)
1. Corporation Name
THE FLORIDA SPORTS FOUNDATION FOR CHILDREN, INC.



Principal Place of Business 3001 TAMiami TRAIL NORTH NAPLES FL 33940	Mailing Address 3001 TAMiami TRAIL NORTH NAPLES FL 33940
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3. Date Incorporated or Qualified 03/14/1994	
4. FEI Number 65-0529165	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2280 14th ST No Suite, Apt. #, etc. 22	2a. Mailing Address 26 2280 14th ST No Suite, Apt. #, etc. 27
City & State 23 NAPLES FL Zip Country 24 34103 25 USA	City & State 28 NAPLES FL Zip Country 29 34103 30 USA

9. Name and Address of Current Registered Agent
**COX, JOE B ESQ.
3001 TAMiami TRAIL NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name **CHARLES DAURAY**
82 Street Address (P.O. Box Number is Not Acceptable)
2280 14th ST No
83
84 City **NAPLES** FL 85 Zip Code **34103**

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 *Charles Dauray* **CHARLES DAURAY** **4/28/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GUTHROE, SUSAN M	
STREET ADDRESS	8062 WEST BURROUGH DRIVE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COX, JOE B	
STREET ADDRESS	3001 TAMiami TRAIL NORTH, 4TH FL	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WALTHER, RONALD	
STREET ADDRESS	3777 TAMiami TRAIL NORTH, SUITE 200	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HART, REGINALD S.	
STREET ADDRESS	16 MORNINGSIDE AVE	
CITY-ST-ZIP	NATICK MA	
TITLE	TRES. DIR.	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES DAURAY	
STREET ADDRESS	2280 14th STREET No	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRES. DIR. CHARLES DAURAY	
1.3 STREET ADDRESS	2280 14th ST No	
1.4 CITY-ST-ZIP	NAPLES, FL 34103	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL SCHRYVER	
2.3 STREET ADDRESS	1546 13th AVE No	
2.4 CITY-ST-ZIP	NAPLES FL 34102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE: *Charles Dauray* **CHARLES DAURAY** **4/28/98** **941 649 0090**

CR2E037 (10/97)