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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001307

1. Corporation Name
THE FLORIDA SPORTS FOUNDATION FOR CHILDREN, INC.

Principal Place of Business 2280 14TH ST NORTH NAPLES FL 34103 US	Mailing Address 2280 14TH ST NORTH NAPLES FL 34103 US
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2. Principal Place of Business 21 117 WADING BIRD CIRCLE Suite, Apt. #, etc. 22 101	2a. Mailing Address 26 16 MORNINGSIDE AVE. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/14/1994
City & State 23 NAPLES, FL	City & State 28 NATICK, MA	4. FEI Number 65-0529165 Applied For <input type="checkbox"/> Not Applicable
Zip 24 34110	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 01760	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DAURAY, CHARLES
 2280 14TH ST NORTH
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name **Reginald S. Hant**
 82 Street Address (P.O. Box Number is Not Acceptable)
117 WADING BIRD CIRCLE, Unit 101
 83
 84 City **NAPLES** FL 85 Zip Code **34110**

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 **Reginald S. Hant** *Reginald S. Hant* DATE **4/14/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAURAY, CHARLES	
STREET ADDRESS	2280 14TH ST NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRYVER, PAUL	
STREET ADDRESS	1546 13TH AVE NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WALTHER, RONALD	
STREET ADDRESS	3777 TAMiami TRAIL NORTH, SUITE 200	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Reginald S. Hant	
1.3 STREET ADDRESS	117 WADING BIRD CIRCLE, #101	
1.4 CITY-ST-ZIP	NAPLES, FL 34110	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James McMahon	
2.3 STREET ADDRESS	285 Lagoon St.	
2.4 CITY-ST-ZIP	Naples, FL 34108	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Minville	
3.3 STREET ADDRESS	134 Framingham Rd.	
3.4 CITY-ST-ZIP	Southboro, MA 01772	
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, with all other like empowered.

SIGNATURE: **Reginald S. Hant** *Reginald S. Hant* DATE **4/14/99** (SOB) 651-3999
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (11/98)