

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38373

Entity Name: FLORIDA CITRUS SPORTS FOUNDATION, INC.**Current Principal Place of Business:**ONE CITRUS BOWL PLACE
ORLANDO, FL 32805-9451**Current Mailing Address:**ONE CITRUS BOWL PLACE
ORLANDO, FL 32805-9451 US**FEI Number:** 59-3026282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOGAN, STEVEN J
ONE CITRUS BOWL PLACE
ORLANDO, FL 32805 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name CLARK, SHANNON L
Address ONE CITRUS BOWL PLACE
City-State-Zip: ORLANDO FL 32805

Title CHAIRMAN
Name MILLS, HAROLD
Address 11900 LAKE BUTLER BLVD.
City-State-Zip: WINDERMERE FL 34786

Title SECRETARY
Name SCHAEFER, PETE
Address 200 S ORANGE AVE
STE 1900
City-State-Zip: ORLANDO FL 32801-3440

Title PRESIDENT
Name HAMES, JANE
Address 5317 CYPRESS RESERVE PLACE
City-State-Zip: WINTER PARK FL 32792

Title VP
Name BEVERLY , CHUCK
Address 300 SOUTH ORANGE AVE
1200
City-State-Zip: ORLANDO FL 32801-1648

Title TREASURER
Name PREVOST, JACK
Address 1129 COUNTRY LN.
City-State-Zip: ORLANDO FL 32804-6511

Title CFO
Name DOVER, SIMON
Address 3406 GOLFVIEW BLVD
City-State-Zip: ORLANDO FL 32804

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIMON DOVER**CFO****04/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date