

2021 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 CHAMPAGNE, MICHEL
Address 2251 LUCIEN WAY
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name THOMPSON, TOMMY
Address 200 SHELL PT W
City-State-Zip: MAITLAND FL 32751-5847

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

Title CFO
Name HERRING, SCOTT
Address ONE CITRUS BOWL PLACE
City-State-Zip: ORLANDO FL 32805

Title PRESIDENT
Name MASSEY, TONY
Address 315 GROVELAND ST.
City-State-Zip: ORLANDO FL 32804-4052

Title TREASURER
Name GARCIA, MANNY
Address 500 N. MAITLAND AVE
STE 312
City-State-Zip: MAITLAND FL 32751

Title VP
Name JACKSON, RICHARD
Address 580 RIDGEWOOD DR.
City-State-Zip: WINDERMERE FL 34786

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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: SCOTT HERRING

CFO

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WOOTEN, COUNCIL
Address	236 S LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801-4400