

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003120

**FILED**  
**Mar 11, 2018**  
**Secretary of State**  
**CC8186365047**

**Entity Name:** FLORIDA DEMOLAY HALL OF FAME, INC.

**Current Principal Place of Business:**

5500 MEMORIAL HWY.  
TAMPA, FL 33634-7336

**Current Mailing Address:**

4496 GOLDEN LAKE DR.  
SARASOTA, FL 34233 US

**FEI Number:** 59-3144673

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEGUIAR, JEROME M  
145 W. DAVIS BLVD  
TAMPA, FL 33606 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 DV  
Name MEGUIAR, ROBERT J.  
Address 3952 W. ELROD ST.  
City-State-Zip: TAMPA FL 33611

Title PD  
Name SEDORY, A, L  
Address 2517 CULBREATH COVE CT  
City-State-Zip: VALRICO FL 33594-6387

Title S  
Name MEGUIAR, JEROME M.  
Address 145 W. DAVIS BLVD.  
City-State-Zip: TAMPA FL 33606

Title DT  
Name GLENDINNING, RUSSEL B  
Address 4496 GOLDEN LAKE DR.  
City-State-Zip: SARASOTA FL 34233

*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:** JEROME M. MEGUIAR

**SECRETARY**

**03/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date