

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004024

**FILED**  
**Mar 10, 2020**  
**Secretary of State**  
**6124763941CC**

**Entity Name:** THE NATIONAL INSTITUTE FOR FITNESS AND SPORT, INC.

**Current Principal Place of Business:**

250 UNIVERSITY BLVD  
INDIANAPOLIS, IN 46202

**Current Mailing Address:**

250 UNIVERSITY BLVD  
INDIANAPOLIS, IN 46202 US

**FEI Number: 31-1130407**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           PRESIDENT  
Name           TAYLOR, JERRY W.  
Address        250 UNIVERSITY BLVD  
City-State-Zip: INDIANAPOLIS IN 46202

Title           SECRETARY, DIRECTOR  
Name           BUSK, MICHAEL  
Address        10330 NORTH MERIDIAN STREET  
                  SUITE 400  
City-State-Zip: INDIANAPOLIS IN 46290

Title           TREASURER, DIRECTOR  
Name           SERVAAS, JOAN  
Address        1100 WATERWAY BLVD  
City-State-Zip: INDIANAPOLIS IN 46202

Title           CHAIRMAN, DIRECTOR  
Name           BROWN, ROBERT MD  
Address        8716 FLAGSHIP CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46256

Title           DIRECTOR  
Name           MAYS-MEDLEY, CAROLENE  
Address        801 WEST WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46202

Title           DIRECTOR  
Name           BRATER MD, D. CRAIG  
Address        1120 SOUTH DRIVE  
                  FESLER HALL, ROOM 302  
City-State-Zip: INDIANAPOLIS IN 46202

Title           DIRECTOR  
Name           O'CONNOR, MICHAEL  
Address        LILLY CORPORATE CENTER,  
City-State-Zip: INDIANAPOLIS IN 46285

Title           DIRECTOR  
Name           BAHAMONDE, RAFAEL E.  
Address        901 WEST NEW YORK STREET  
City-State-Zip: INDIANAPOLIS IN 46202

**Continues on page 2**

*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: MICHAEL BUSK**

**SECRETARY**

**03/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WHITEHEAD, JAMES R.  
Address        401 W. MICHIGAN ST  
City-State-Zip: INDIANAPOLIS IN 46202