SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:09

DOCUMENT # **724387** **(6)**

1. Corporation Name
FLORIDA CITRUS SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE CITRUS BOWL CENTRE ORLANDO FL 32805-9451	ONE CITRUS BOWL CENTRE ORLANDO FL 32805-9451

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1508144 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARK, JEFF B
126 E JEFFERSON ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	CD	☒ Change ☐ Addition
NAME	O'HARA, JEFF	12 NAME	Fildes, Rich	
STREET ADDRESS	6770 LAKE ELLENOR	13 STREET ADDRESS	P.O. Box 2809 N/A	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL	
TITLE	D	21 TITLE	PD	☒ Change ☐ Addition
NAME	PREVOST, JACK	22 NAME	Thompson, Norman P.	
STREET ADDRESS	P.O. BOX 3833 N/A	23 STREET ADDRESS	390 N. Orange Avenue	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL	
TITLE	D	31 TITLE	DP	☒ Change ☐ Addition
NAME	KAY, CHRIS	32 NAME	Ogilvie, Chuck	
STREET ADDRESS	390 N. ORANGE AVENUE	33 STREET ADDRESS	1621 N. Mills Avenue	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL	
TITLE	ED	41 TITLE	SD	☒ Change ☐ Addition
NAME	ROHE, CHARLES H.	42 NAME	Rozier, Jim	
STREET ADDRESS	5379 ISLEWORTH DR.	43 STREET ADDRESS	2251 Lucien Way, Suite 320	
CITY-ST-ZIP	WINDERMERE FL	44 CITY-ST-ZIP	Maitland, FL	
TITLE	D	51 TITLE	TD	☒ Change ☐ Addition
NAME	FILDES, RICH	52 NAME	Massey, Harvey	
STREET ADDRESS	P.O. BOX 2809 N/A	53 STREET ADDRESS	1051 Winderly Place	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Maitland, FL	
TITLE	D	61 TITLE	VD	☒ Change ☐ Addition
NAME	THOMPSON, NORMAN P	62 NAME	Magruder, Ron N.	
STREET ADDRESS	201 S. ORANGE AVE.	63 STREET ADDRESS	P.O. Box 593330 N/A	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	Orlando, FL	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Charles H. Rohe 6-7-95 (407) 423-2476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES H. ROHE EXECUTIVE DIRECTOR

0004573