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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32805-2459

3. Date Incorporated or Qualified: **09/19/1972**
3a. Date of Last Report: **04/30/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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	☒ DELETE	1.1 TITLE	S D	☐ Change ☒ Addition
NAME	FILDES, RICH		1.2 NAME	Tod Moore	
STREET ADDRESS	P. O. BOX 2809		1.3 STREET ADDRESS	201 East Pine Street	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	CD	☒ DELETE	2.1 TITLE	T D	☐ Change ☒ Addition
NAME	THOMPSON, NORMAN P.		2.2 NAME	Mike Vestal	
STREET ADDRESS	390 N ORANGE AVE		2.3 STREET ADDRESS	201 East Pine Street	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	PD	☐ DELETE	3.1 TITLE	C D	☒ Change ☐ Addition
NAME	OGILVIE, CHUCK		3.2 NAME		
STREET ADDRESS	1621 N MILLS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	V D	☒ Change ☐ Addition
NAME	ROZIER, JIM		4.2 NAME		
STREET ADDRESS	2251 LUCIEN WAY, SUITE 320		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	P D	☒ Change ☐ Addition
NAME	MASSEY, HARVEY		5.2 NAME		
STREET ADDRESS	1051 WINDERLY PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHEAD, MARK		6.2 NAME		
STREET ADDRESS	P. O. BOX 967		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Mike Vestal REQUIRED 4-11-97 407-423-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016578