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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 32805-9451

3. Date Incorporated or Qualified: 09/19/1972

4. FEI Number: ~~59-1508144~~ 59-1058144 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, JEFF B 126 E JEFFERSON ST ORLANDO FL 32801	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	~~SD~~	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MOORE, YOGI		1.2 NAME		
STREET ADDRESS	201 E. PINE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VESTAL, MIKE		2.2 NAME		
STREET ADDRESS	201 E. PINE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	3.1 TITLE	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	VD	☒ DELETE	4.1 TITLE	Executive Director	☐ Change ☒ Addition
NAME	ROZIER, JIM		4.2 NAME	Charles H. Rohe	
STREET ADDRESS	2251 LUCIEN WAY, SUITE 320		4.3 STREET ADDRESS	One Citrus Bowl Place	
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	Orlando, FL. 32805	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ 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	D	☐ Change ☒ Addition
NAME	WHITEHEAD, MARK		6.2 NAME	Bill O'Toole	
STREET ADDRESS	P. O. BOX 987		6.3 STREET ADDRESS	1375 Buena Vista Drive	
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP	Lake Buena Vista FL	

CR2E037 (10/97)

14. I 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: Charles H. Rohe 4.1.98 407-423-2476