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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 733445 (1)

1. Corporation Name

FLORIDA LACROSSE LEAGUE, INC



Principal Place of Business

801 N MAGNOLIA AVE., SUITE 201
ORLANDO FL 32803

Mailing Address

801 N MAGNOLIA AVE., SUITE 201
ORLANDO FL 32803-3842

3. Date Incorporated or Qualified
07/31/1975

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1659808

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

10. Name and Address of New Registered Agent

ABRAMS, LEHN E.
801 N MAGNOLIA AVE STE 201
ORLANDO FL 32803

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BYRNE, JOHN
STREET ADDRESS 905 SHADY LANE
CITY-ST-ZIP ORLANDO FL

TITLE VPD ☐ DELETE

NAME STERLING, BRAD
STREET ADDRESS 1180 N 23RD ST
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE VPD ☐ DELETE

NAME LEIGEY, JAY
STREET ADDRESS 1421 ALLEN AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE VPD ☐ DELETE

NAME RODMAN, CHRIS
STREET ADDRESS 2201 BERKSHIRE DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE STD ☐ DELETE

NAME TOM O'GRADY
STREET ADDRESS 5720 PGA BLVD., #535
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

John R Byrne

4/11/97 (407) 246-6627

CR2E037 (9/96)