

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4896

B-3229

C

DOCUMENT # 740873 (5)

1. Corporation Name  
**PALM BEACH COUNTY SPORTS HALL OF FAME, INC.**



Principal Place of Business  
P.O. BOX 893  
WEST PALM BEACH FL 33402

Mailing Address  
P.O. BOX 893  
WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified: 11/23/1977  
3a. Date of Last Report: 03/31/1995

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

4. FEI Number: 59-2128593 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  
NEWKIRK, R.J. (BUD)  
6076 PINENEEDLE LANE SOUTH  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent  
81 Name: MICHAEL D. MACDONALD  
82 Street Address (P.O. Box Number is Not Acceptable): 1410 WESTCHESTER DRIVE NO.  
83  
84 City: W. Palm Beach FL 85 Zip Code: 33417

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: *Michael D. Macdonald* MICHAEL D. MACDONALD, TREASURER DATE: 4-3-96  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HUMPHRIES, SAM 4459 WILLOW POND DR., #B WEST PALM BEACH FL 33417	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD SANFORD, DICK 14361 STIRRUP LANE WELLINGTON FL 33414	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD BROWN, J.D. 701 US HIGHWAY 1, SUITE 301 NORTH PALM BEACH FL 33408	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<del>TD NEWKIRK, R.J. (BUD) 6076 PINENEEDLE LANE SOUTH LAKE WORTH FL 33467</del>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		4.2 NAME	MACDONALD, MICHAEL D.
TITLE		4.3 STREET ADDRESS	1410 WESTCHESTER DRIVE NO.
TITLE		4.4 CITY - ST - ZIP	W. Palm Beach, FL 33417
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Michael D. Macdonald* MICHAEL D. MACDONALD DATE: 4-3-96 407-688-2215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Telephone #

CR2E037 (12/95)