FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

97 - 1998

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

FILED
98 JUN 30 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740873

1. Corporation Name
Palm Beach County Sports Hall of Fame, Inc.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
~~P.O. Box 893~~	~~P.O. Box 893~~
~~W. Palm Beach FL 33402~~	~~W. Palm Beach FL 33402~~

3. Date Incorporated or Qualified: 11-23-77

4. FEI Number: 59-2128593 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: % Michael MacDonald	26: % Michael MacDonald
22 Suite, Apt. #, etc.: 2300 Palm Beach Lakes Blvd Suite 217	27 Suite, Apt. #, etc.: 2300 Palm Beach Lakes Blvd Suite 217
23 City & State: W. Palm Beach, FL.	28 City & State: W. Palm Beach, FL.
24 Zip: 33409 — 25 Country: Palm Beach	29 Zip: 33409 — 30 Country: Palm Beach

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
Michael D. MacDonald 1410 Westchester Drive No. W. Palm Beach, FL. 33417	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: Michael D. MacDonald — 6-25-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	Humphries, Sam		1.2 NAME	Geraudo, Joseph D.	
STREET ADDRESS	4459 Willow Pond Dr. #8		1.3 STREET ADDRESS	244 Orange Grove Road	
CITY-ST-ZIP	West Palm Beach, FL 33417		1.4 CITY-ST-ZIP	Palm Beach, FL. 33480	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	Sanford, Dick		2.2 NAME	Frost, Graham	
STREET ADDRESS	14361 Stirrup Lane		2.3 STREET ADDRESS	103 Pintail Court	
CITY-ST-ZIP	Wellington, FL. 33414		2.4 CITY-ST-ZIP	Royal Palm Beach, FL. 33411	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	Brown, J.D.		3.2 NAME	Elsey, Mark	
STREET ADDRESS	701 US Hwy 1, Suite 301		3.3 STREET ADDRESS	725 Lagoon Drive	
CITY-ST-ZIP	North Palm Beach, FL. 33408		3.4 CITY-ST-ZIP	North Palm Beach, FL. 33408	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MacDonald, Michael D.		4.2 NAME		
STREET ADDRESS	1410 Westchester Drive No.		4.3 STREET ADDRESS	400002578194--5	
CITY-ST-ZIP	W. Palm Beach, FL. 33417		4.4 CITY-ST-ZIP	-07/01/98--01100--013	
TITLE		☐ DELETE	5.1 TITLE	****306.25	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Michael D. MacDonald — Michael D. MacDonald Treasurer — 4-30-98 — 561-688-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)