

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 752849

1. Entity Name
SPORTS IN FLORIDA, INC.



Principal Place of Business

**1330 NW 6TH STREET
SUITE D
GAINESVILLE, FL 32601 US**

Mailing Address

**1330 NW 6TH STREET
SUITE D
GAINESVILLE, FL 32601 US**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2017618

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARNES, JIMMY
1330 NW 6TH STREET SUITE D
GAINESVILLE, FL 32601**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000592066
01/19/07-80046-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROOFNER, MARILYN
STREET ADDRESS	2711 WEST FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	D
NAME	ALEXANDER, RUTH
STREET ADDRESS	412 SW 88TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	P
NAME	HYDE, DR. THOMAS
STREET ADDRESS	2240 NE 202ND STREET
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-07 (352) 337-1475