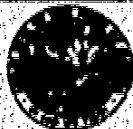


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 754498 (4)

1. Corporation Name

**THE FLORIDA INSTRUCTIONAL LEAGUE-SOUTHERN DIVISI
DIVISION, INC.**

Principal Place of Business

Mailing Address

1503 CLOWER CREEK DRIVE H-262
SARASOTA FL 34231

1503 CLOWER CREEK DRIVE H-262
SARASOTA FL 34231

**APPROVED
AND
FILED**

95 APR 26 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1980

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2033028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDEL, JOHN F
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 DPT
NAME SAFFELL, THOMAS J.
STREET ADDRESS 1503 CLOWER CRK DR H262
CITY-ST-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME SCOTT, MARTY
STREET ADDRESS 1250 CAMPBELL RD.
CITY-ST-ZIP ARLINGTON, TX 0

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

DV
KENNEY, E & W. P
FENWAY PARK - 4 YAWKEY WAY
BOSTON MA 02215

TITLE S
NAME SAFFELL, THOMAS J
STREET ADDRESS 1503 CLOWER CRK DR H262
CITY-ST-ZIP SARASOTA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME NOWORYTA, STEVE
STREET ADDRESS 1090 NO EUCLID AVE.
CITY-ST-ZIP SARASOTA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MONTGOMERY, CHET
STREET ADDRESS 600 STADIUM CIR
CITY-ST-ZIP PITTSBURGH PA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME RANTZ, JIM
STREET ADDRESS 501 CHICAGO AVE S.
CITY-ST-ZIP MINNEAPOLIS MN

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 110.07(3)(b), 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:

Thomas J. Saffell

Thomas J. Saffell, Pres.

4/20/95

(813) 555-6407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #