

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758596 (1)

1. Corporation Name

CENTRAL FLORIDA SPORTS HALL OF FAME, INC.



Principal Place of Business

Mailing Address

P.O. BOX 547893
ORLANDO FL 32804-7893

P.O. BOX 547893
ORLANDO FL 32804-7893

3. Date Incorporated or Qualified

06/02/1981

3a. Date of Last Report

02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

TOM FARNSWORTH

82 Street Address (P.O. Box Number is Not Acceptable)

1026 GOUCHO DRIVE

83

84 City

DELTONA

FL

85 Zip Code

32725

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

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

TOM FARNSWORTH, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MOLETTEIRE, FRANK | |
| STREET ADDRESS | 5145 THE OAKS CIRCLE | |
| CITY - ST - ZIP | ORLANDO, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILSON, DON | |
| STREET ADDRESS | 4426 KOGER ST. | |
| CITY - ST - ZIP | ORLANDO FL 32812 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | FARNSWORTH, TOM | |
| STREET ADDRESS | 1026 GOUCHO DR. | |
| CITY - ST - ZIP | DELTONA FL - 32725 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANDRESAKES, CHARLES | |
| STREET ADDRESS | 8702 GARNET AVE. | |
| CITY - ST - ZIP | ORLANDO FL 32810 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JAMES, BILL | |
| STREET ADDRESS | 225 NEWBURYPORT AVE. | |
| CITY - ST - ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOHN ROBB |
| 1.3 STREET ADDRESS | 2709 HARGILL DR |
| 1.4 CITY - ST - ZIP | ORLANDO FL 32806 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | DELTONA FL 32725 |
| 4.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | 000001846890 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -06/03/96--01012--005 |
| 6.3 STREET ADDRESS | ***61.25 |
| 6.4 CITY - ST - ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM FARNSWORTH, PRESIDENT

4/25/96

Date

407-330-5692

Daytime Phone #

CR2E037 (12/95)