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Jul 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

~~PRINCIPAL PLACE OF BUSINESS~~
ORLANDO FL 32807-7893

~~P.O. BOX 547893~~
ORLANDO FL 32854-7893

2. Principal Place of Business

21 1026 GOUCHO DR.

Suite, Apt. #, etc.

22

City & State

23 DELTONA FL

Zip

24 32725

Country

25 USA

2a. Mailing Address

26 1026 GOUCHO DR

Suite, Apt. #, etc.

27

City & State

28 DELTONA FL

Zip

29 32725

Country

30 USA

3. Date Incorporated or Qualified
06/02/1981

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2332682

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

10. Name and Address of New Registered Agent

FARNSWORTH, TOM
1026 GOUCHO DR.
DELTONA FL 32725

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP

NAME ROBB, JOHN
STREET ADDRESS 2709 HARGILL DR.
CITY-ST-ZIP ORLANDO FL 32806

TITLE D

NAME WILSON, DON
STREET ADDRESS 4426 KOGER ST.
CITY-ST-ZIP ORLANDO FL 32812

TITLE DP

NAME FARNSWORTH, TOM
STREET ADDRESS 1026 GOUCHO DR.
CITY-ST-ZIP DELTONA FL 32725

TITLE D/T

NAME ANDRESAKES, CHARLES
STREET ADDRESS 8702 GARNET AVE.
CITY-ST-ZIP ORLANDO FL 32810

TITLE D

NAME James B. II
STREET ADDRESS 225 Newburg Port Ave
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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.

CR2E037 (9/96)