

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

53 MAY 16 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 766448 (5)

1. Corporation Name

NATIONAL HIGH SCHOOL SPORTS INSTITUTE, INC.

Principal Place of Business

Mailing Address

ONE PURLIEU PLACE  
SUITE 128  
WINTER PARK FL 32792

PO BOX 5020  
WINTER PARK FL 32793-5020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1983 3a. Date of Last Report 04/27/1994

4. FBI Number 59-2637106 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$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

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROKES DONALD R.  
ONE PURLIEU PLACE  
SUITE 128  
WINTER PARK FL 32792

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 use if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCHUGH, LARRY  
STREET ADDRESS 87 OLANDER LANE  
CITY - ST - ZIP MIDDLETOWN CT 06452

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

TITLE VD  
NAME HAWK, MAX  
STREET ADDRESS 2200 VALLEY ROAD  
CITY - ST - ZIP YANKTON SD 57078

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

TITLE SD  
NAME MCDONALD, CAREY E.  
STREET ADDRESS P.O. BOX 357 N/A  
CITY - ST - ZIP Ocala FL 32678

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

TITLE D  
NAME WOOD, ROBERT  
STREET ADDRESS 328 MCMILLAN  
CITY - ST - ZIP GROSSE POINTE FARMS MI 48238

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

TITLE D  
NAME MONAHAN, THOMAS  
STREET ADDRESS 150 HIGH STREET  
CITY - ST - ZIP BRISTOL CT 06010

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

TITLE D  
NAME BRYAN, JIMMIE  
STREET ADDRESS 204 PENNSYLVANIA AVENUE  
CITY - ST - ZIP LYNCHBURG VA 24502

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(d), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald R. Prokes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 407-679-1414  
Date Signature/Phone #