

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 034 ****61.25

DOCUMENT # N02000005836

1. Entity Name
**THE SPORTS MEDICINE FELLOWSHIP EDUCATION
FOUNDATION, INC.**



Principal Place of Business
**1405 S. ORANGE AVENUE
SUITE 601
ORLANDO, FL 32806-2153**

Mailing Address
**P.O. BOX 560862
ORLANDO, FL 32856-0862**

20044586



04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3718960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PANZL, JOSEPH R ESQ.
163 EAST MORSE BOULEVARD
SUITE 200
WINTER PARK, FL 32789**

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WINTERS, THOMAS F JR
1405 S ORQANGE AVE STE 601
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHILTON, MARILYN
1405 S ORQANGE AVE STE 601
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAYNOR, ELIZABETH
1405 S ORQANGE AVE STE 601
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I 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 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:

Tom Winters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05
Date

407-649-1097
Daytime Phone #