


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N15109 (4)

1. Corporation Name
DOWNTOWN ATHLETIC CLUB OF ORLANDO FOUNDATION, IN C.



| | |
|--|---|
| Principal Place of Business 222 S. WESTMONTE DRIVE SUITE 101 ALTAMONTE SPRINSH FL 32714 US | Mailing Address PO BOX 4062 ORLANDO FL 32802 US |
|--|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/27/1986 | |
| 4. FEI Number 59-2838921 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**HUPP, LYNN
222 S. WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BURNS, TANYA | | 1.2 NAME | |
| STREET ADDRESS 2519 E. SOUTH STREET | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MILLER, CHARLES | | 2.2 NAME | |
| STREET ADDRESS ONE CITRUS BOWL PLAZA | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL | | 2.4 CITY-ST-ZIP | |
| TITLE SD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HUPP, LYNN | | 3.2 NAME | |
| STREET ADDRESS 222 S. WESTMONTE DRIVE #101 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP ALTAMONTE SPRINGS FL | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PROVENCHER, JAMES | | 4.2 NAME | |
| STREET ADDRESS 719 W WINTER PARK ST. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL | | 4.4 CITY-ST-ZIP | |
| TITLE PE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DETZEL, JIM | | 5.2 NAME | |
| STREET ADDRESS 382 FOREST PARK CIR | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP LONGWOOD FL | | 5.4 CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GALLOWAY, MIKE | | 6.2 NAME | |
| STREET ADDRESS 3319 MAGUIRE BLVD #130 | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP ORLANDO FL | | 6.4 CITY-ST-ZIP | |

14. 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 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:  **LYNN HUPP** 04-28-98 (407)7747880

CR2E037 (1097)