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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90167 013 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15109

1. Corporation Name

**DOWNTOWN ATHLETIC CLUB OF ORLANDO FOUNDATION, IN
C.**

Principal Place of Business

222 S. WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRING FL 32714
US

Mailing Address

PO BOX 4062
ORLANDO FL 32802
US



2. Principal Place of Business

21 **540 Timber Ridge Dr**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/27/1986

4. FEI Number

59-2838921

Applied For
Not Applicable

City & State

23 **Longwood FL**

City & State

28

Zip Country

24 **32779** 25

Zip

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **Ferguson, Shelley**
82 Street Address (P.O. Box Number is Not Acceptable)
540 Timber Ridge Drive
83
84 City **Longwood** 85 Zip Code **FL 32779**

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 **Shelley Ferguson**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, TANYA	
STREET ADDRESS	2519 E. SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, CHARLES	
STREET ADDRESS	ONE CITRUS BOWL PLAZA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HUPP, LYNN	
STREET ADDRESS	222 S. WESTMONTE DRIVE #101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROVENCER, JAMES	
STREET ADDRESS	719 W WINTER PARK ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DETZEL, JIM	
STREET ADDRESS	382 FOREST PARK CIR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GALLOWAY, MIKE	
STREET ADDRESS	3319 MAGUIRE BLVD #130	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Landon, Chip	
1.3 STREET ADDRESS	670 Mossey Branch Ct	
1.4 CITY-ST-ZIP	Longwood FL 32779	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cosmides, James	
2.3 STREET ADDRESS	800 N Magnolia Ave #106	
2.4 CITY-ST-ZIP	Orlando FL 32803	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ranson, Randy	
3.3 STREET ADDRESS	401 W Colonial Dr #2	
3.4 CITY-ST-ZIP	Orlando FL 32803	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dropkin, Stuart	
4.3 STREET ADDRESS	1355 Orange Ave #4	
4.4 CITY-ST-ZIP	Winter Park FL 32789	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Durkee, Thomas	
5.3 STREET ADDRESS	201 E Pine St #550	
5.4 CITY-ST-ZIP	Orlando FL 32801	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ferguson, Shelley	
6.3 STREET ADDRESS	540 Timber Ridge Dr	
6.4 CITY-ST-ZIP	Longwood FL 32779	

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, with all other like empowered.

SIGNATURE: **Shelley Ferguson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 **407**
788-0430
Date Daytime Phone #

CR2E037 (11/98)