2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# N22781

Entity Name: HALL OF FAME FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 1630
LAKE CITY, FL 32056 US

New Principal Place of Business:

297 SE FAWN GLEN
LAKE CITY, FL 32025 US

Current Mailing Address:

P.O. BOX 1630
LAKE CITY, FL 32056 US

New Mailing Address:

297 SE FAWN GLEN
LAKE CITY, FL 32025 US

FEI Number: 59-2909488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DILLARD, SANDRA L
297 SE FAWN GLEN
LAKE CITY, FL 32056 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	STRICKLAND, ROGER	
Address:	3491 E. HIDDEN LAKES DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	FICKEN, MARK	
Address:	ROUTE 12, BOX 159	
City-St-Zip:	LAKE CITY, FL	
Title:	D	( ) Delete
Name:	HAIRSTON, JACK	
Address:	4400 NW 15TH PLACE	
City-St-Zip:	GAINESVILLE, FL	
Title:	D	( ) Delete
Name:	DOYLE, STEVEN L.,	
Address:	633 N ORANGE AVE	
City-St-Zip:	ORLANDO, FL	
Title:	D	( ) Delete
Name:	MOORE, ANDY	
Address:	PO BOX 1647	
City-St-Zip:	LAKE CITY, FL 32056	
Title:	ST	( ) Delete
Name:	DILLARD, SANDRA	
Address:	297 SE FAWN GLEN	
City-St-Zip:	LAKE CITY, FL 32025	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BERT LACEY,	
Address:	12933 LAKE DORA CIRCLE	
City-St-Zip:	TAVARES, FL 32778	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA DILLARD ST 08/30/2007
Electronic Signature of Signing Officer or Director — Date