


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90015 033 \*\*\*\*70.00

<b>DOCUMENT # N22781</b> 1. Entity Name <b>HALL OF FAME FOUNDATION, INC.</b>					
Principal Place of Business <b>297 SE FAWN GLEN LAKE CITY, FL 32025 US</b>			Mailing Address <b>297 SE FAWN GLEN LAKE CITY, FL 32025 US</b>		
2. Principal Place of Business - No P.O. Box # <b>395 S. Central Avenue</b>		3. Mailing Address <b>P.O. Box 2188</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bartow, Florida</b>		City & State <b>Bartow, Florida</b>		4. FEI Number <b>59-2909488</b>	
Zip <b>33830</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DILLARD, SANDRA L 297 SE FAWN GLEN LAKE CITY, FL 32056</b>		7. Name and Address of New Registered Agent Name <b>Matthew E. Morrall</b> Street Address (P.O. Box Number is Not Acceptable) <b>2850 N. Andrews Avenue</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33311-2514</b>			
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 <u><i>Matthew E. Morrall</i></u> <span style="float: right;">6/26/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, ROGER 3491 E. HIDDEN LAKES DRIVE JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dantzler, Rick 395 S. Central Avenue Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICKEN, MARK ROUTE 12, BOX 159 LAKE CITY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Carnes, Jimmy 1330 NW 6th St., Suite D Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIRSTON, JACK 4400 NW 15TH PLACE GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Wahl, Larry 1859 NW 124th Way Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERT LACEY 12933 LAKE DORA CIRCLE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morrall, Matthew E. 2850 N. Andrews Avenue Fort Lauderdale, FL 33311-2514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ANDY PO BOX 1647 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crago, Dick 2045 13th Street Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DILLARD, SANDRA 297 SE FAWN GLEN LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander, Dr. Ruth 412 SW 88th Terrace Gainesville, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Matthew E. Morrall</i></u> <span style="float: right;">6/26/08 954-563-4005</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40109504

# N22781

Hall of Fame Foundation, Inc.

## Block 11 - Continuation Sheet

### Additional Directors

D - Gerig-Bland, Pam  
7075 Fish Creek Lane  
West Palm Beach, FL 33411

D - Edmonds, General Maurice  
105 Twelve Oaks  
Ponte Vedra Beach, FL 32082

D - Deckerhoff, Gene  
2704 Vasser Road  
Tallahassee, FL 32308

D - Rohe, Charles  
5379 Islesworth Country Club  
Windermere, FL 34786

D - East, Clark D.  
10901 Corporate Circle N, Suite A  
St. Petersburg, FL 33716

D - Tribble, Keith  
University of Central Florida  
P.O. Box 160000  
Orlando, FL 32816

D - Froid, Gary  
4993 Bacopa Lane South, Suite 705  
St. Petersburg, FL 33715

D - Greene, Raleigh  
4014<sup>th</sup> Street, N  
St. Petersburg, FL 33701

D - Hewell, Buddy  
555 S. Highland St.  
Mt. Dora, FL 32757-6127

D - Williams, Pam  
8701 Maitland Summit  
Orlando, FL 32810

D - Book, Ron  
2999 NE 191<sup>st</sup> St., PH 6  
Aventura, FL 33180

D - Duke, Dr. Jeff  
11634 Audubon Lane  
Clermont, FL 34711