

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

JAN 20 AM 9 32

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **N34159 (6)**
1. Corporation Name
FLORIDA SPORTS FOUNDATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
455 COLLINS BUILDING 455 COLLINS BUILDING
107 WEST GAINES STREET 107 WEST GAINES STREET
TALLAHASSEE FL 32399-9000 TALLAHASSEE FL 32399-9000

3. Date Incorporated or Qualified **09/13/1989** 3a. Date of Last Report **04/07/1994**
4. FBI Number **59-3048773** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**WILLIAM S. STEVENS III
DEPT. OF COMMERCE - 535 COLLINS BLDG.
107 WEST GAINES ST.
TALLAHASSEE FL 32399-2000**

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOU Mans, MAURY	1.2 NAME	Larry Jaffe
STREET ADDRESS	1715 N. WESTSHORE BLVD.	1.3 STREET ADDRESS	4444 Old Salbury Road
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Jacksonville, Florida 32216
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, GLENN	2.2 NAME	
STREET ADDRESS	501 E TENN ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVA, HENRY	3.2 NAME	Shirley Ryals
STREET ADDRESS	201 SECOND AVE., N.	3.3 STREET ADDRESS	Post Office Box 3303
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	Tampa, Florida 33601
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATOS, KIMARIE R.	4.2 NAME	
STREET ADDRESS	201 S BISCAYE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWDY, RONALD E.	5.2 NAME	
STREET ADDRESS	7209 INTERNATIONAL DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALMORE, RON	6.2 NAME	
STREET ADDRESS	1708 HAINSTEAD BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: _____ DATE: **1-13-95** (904) 488-6342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LARRY PENDLETON**