

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34159 (6)

1. Corporation Name

FLORIDA SPORTS FOUNDATION, INCORPORATED



Principal Place of Business

Mailing Address

455 COLLINS BUILDING
107 WEST GAINES STREET
TALLAHASSEE FL 32399-9000

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107 WEST GAINES STREET
TALLAHASSEE FL 32399-9000

3. Date Incorporated or Qualified
09/13/1989

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM S. STEVENS III
DEPT. OF COMMERCE - 535 COLLINS BLDG.
107 WEST GAINES ST.
TALLAHASSEE FL 32399-2000

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
JAFTE, LARRY
STREET ADDRESS 4444 OLD SALBURY ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME D
ROBERTSON, GLENN
STREET ADDRESS 501 E TENN ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME D
RYALS, SHIRLEY
STREET ADDRESS POST OFFICE BOX 3303
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D
STRATOS, KIMARIE R.
STREET ADDRESS 201 S BISCAYE BLVD
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
DOWDY, RONALD E.
STREET ADDRESS 7209 INTERNATIONAL DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY-ST-ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

(904) 488-8347

CR2E037 (12/95)