

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 455 COLLINS BUILDING 107 WEST GAINES STREET TALLAHASSEE FL 32399-9000	Mailing Address 455 COLLINS BUILDING 107 WEST GAINES STREET TALLAHASSEE FL 32399-9549
---	---

3. Date Incorporated or Qualified **09/13/1989** 3a. Date of Last Report **03/04/1996**

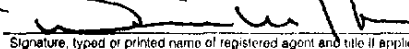
2. Principal Place of Business 21 1319 Thomaswood Drive Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip 24 32312 Country 25 USA	2a. Mailing Address 26 1319 Thomaswood Drive Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32312 Country 30 USA
---	--

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	

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
Dennis W. Harmon
82 Street Address (P.O. Box Number is Not Acceptable)
Executive Office of the Governor
83
The Capitol, Suite 2001
84 City
Tallahassee FL 85 Zip Code
32399-0001**

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  DATE **4-28-97**

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	JAFFE, LARRY
STREET ADDRESS	4444 OLD SALBURY ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D ☐ DELETE
NAME	ROBERTSON, GLENN
STREET ADDRESS	501 E TENN ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D ☐ DELETE
NAME	RYALS, SHIRLEY
STREET ADDRESS	POST OFFICE BOX 3303
CITY-ST-ZIP	TAMPA FL
TITLE	D ☐ DELETE
NAME	STRATOS, KIMARIE R.
STREET ADDRESS	201 S BISCAYE BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	DOWDY, RONALD E.
STREET ADDRESS	7209 INTERNATIONAL DR
CITY-ST-ZIP	ORLANDO FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)