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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	Mailing Address
455 COLLINS BUILDING 107 WEST GAINES STREET TALLAHASSEE FL 32399-9000	455 COLLINS BUILDING 107 WEST GAINES STREET TALLAHASSEE FL 32399-6549

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

2. Principal Place of Business	2a. Mailing Address
21 1319 Thomaswood Drive	26 1319 Thomaswood Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL	28 City & State: Tallahassee, FL
24 Zip: 32312 25 Country: USA	29 Zip: 32312 30 Country: 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 _____ 4-28-97
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JAFFE, LARRY		1.2 NAME		
STREET ADDRESS	4444 OLD SALBURY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RYALS, SHIRLEY		3.2 NAME		
STREET ADDRESS	POST OFFICE BOX 3303		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE _____ 4-28-97 Chief Operating Officer