

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # N38373**

1. Entity Name

FLORIDA CITRUS SPORTS FOUNDATION, INC.



Principal Place of Business

ONE CITRUS BOWL PLACE  
ORLANDO FL 32805-9451

Mailing Address

ONE CITRUS BOWL PLACE  
ORLANDO FL 32805-9451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3026282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILDES, RICHARD J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME ED  
STREET ADDRESS CLARK, SHANNON  
CITY-ST-ZIP 1 CITRUS BOWL PLACE  
ORLANDO FL 32805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000564278  
CITY-ST-ZIP 05/20/06-80048-023 61.25

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HINES, SAM  
CITY-ST-ZIP 201 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DYMOND, WILLIAM  
CITY-ST-ZIP 2080 FAWSETT ROAD  
WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS PREVOST, JACK  
CITY-ST-ZIP 3378 EDGEWATER DRIVE  
ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS STUART, GEORGE  
CITY-ST-ZIP 916 VALENCIA AVENUE  
ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS THOMPSON, TOMMY  
CITY-ST-ZIP 200 SHELL POINT WEST  
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 6, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address from all other like employees.

SIGNATURE:

*Shannon Clark*  
5/19/06