


**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # N38373</h1>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">1. Entity Name <b>FLORIDA CITRUS SPORTS FOUNDATION, INC.</b></div><div style="width: 50%;"></div></div>		
Principal Place of Business <b>ONE CITRUS BOWL PLACE ORLANDO, FL 32805-9451</b>		Mailing Address <b>ONE CITRUS BOWL PLACE ORLANDO, FL 32805-9451</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
6. Name and Address of Current Registered Agent		
<b>FILDES, RICHARD J 215 NORTH EOLA DRIVE ORLANDO, FL 32801</b>		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <del>CLARK, SHANNON</del> ONE CITRUS BOWL PLACE ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> HINES, SAM 201 SOUTH ORANGE AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYMOND, WILLIAM 215 NORTH EOLA DRIVE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PREVOST, JACK 3378 EDGEWATER DRIVE ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STUART, GEORGE 916 VALENCIA AVENUE ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, TOMMY 200 SHELL POINT WEST MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete
11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Ric 215 Orl	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ch 400 W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ma 80 Or	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S H 61 Ma	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T W 21 Or	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Madith M. Michelle</u> EXECUTIVE DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		