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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 1:54

DOCUMENT # N43925 (9)

1. Corporation Name
PALM BEACH COUNTY SPORTS COMMISSION, INC.

Principal Place of Business	Mailing Address
% 1555 PALM BEACH LAKES BLVD STE 202 WEST PALM BEACH FL 33401 US	% 1555 PALM BEACH LAKES BLVD STE 202 WEST PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0263296 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

WATT, JAMES L.
STEEL HECTOR & DAVIS 1900 PHILLIPS PT W.
777 S. FLAGLER DR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	WATT, JIM	12 NAME	REMSEN, JOHN N/A	
STREET ADDRESS	777 S. FLAGLER DR	13 STREET ADDRESS	P.O. DRAWER 024626	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33402	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	REMSEN, JOHN	22 NAME	DAVIS, WILLIAM	
STREET ADDRESS	NORTHRIDGE TOWER 1, P O BOX DRAWER 024626	23 STREET ADDRESS	11760 HIghway 1, Ste. 100	
CITY-ST-ZIP	[redacted]	24 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	SCOTT, RHINE	32 NAME	CASEY, PATRICK J.	
STREET ADDRESS	6600 N. FEDERAL HWY #150	33 STREET ADDRESS	515 N. FLAGLER DRIVE	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	ED	41 TITLE		☐ Change ☐ Addition
NAME	GERIG, PAMELA	42 NAME		
STREET ADDRESS	1555 PALM BCH LAKES BLVD. STE 202	43 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ELLINGTON RICHARD	52 NAME	WATT, JIM	
STREET ADDRESS	701 US 1 STE 402	53 STREET ADDRESS	777 S. FLAGLER DRIVE	
CITY-ST-ZIP	N. PALM BCH FL	54 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	CASEY, PAT	62 NAME	ELLINGTON, RICHARD	
STREET ADDRESS	515 N. FLAGLER DR STE #1900	63 STREET ADDRESS	701 U.S. HIGHWAY 1, Ste. 402	
CITY-ST-ZIP	WEST PALM BCH. FL	64 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

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] 1/07-233-1015
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

004781