

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000003120

1. Entity Name
FLORIDA DEMOLAY HALL OF FAME, INC.



Principal Place of Business
**5500 MEMORIAL HWY.
TAMPA, FL 33634-7336 US**

Mailing Address
**164 NIGHTINGALE CIRCLE
ELLENTON, FL 34222-4254**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3144673

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEGUIAR, JEROME M
145 W. DAVIS BLVD
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MEGUIAR, JEROME M.
145 W. DAVIS BLVD.
TAMPA, FL 336063539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEDORY, A. L
2517 CULBREATH COVE CT
VALRICO, FL 335946387**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MEGUIAR, ROBERT JORDAN
4124 GRADSTONE PLACE
TAMPA, FL 336177370**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LEVAN, CHARLES M
164 NIGHTINGALE CIRCLE
ELLENTON, FL 342224254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000781694
01/15/08-80045-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Levan **CHARLES M. LEVAN**

1/10/08

941-729-1702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #