

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003120

FILED
Mar 18, 2009
Secretary of State

Entity Name: FLORIDA DEMOLAY HALL OF FAME, INC.

Current Principal Place of Business:

5500 MEMORIAL HWY.
TAMPA, FL 336347336 US

New Principal Place of Business:

Current Mailing Address:

164 NIGHTINGALE CIRCLE.
ELLENTON, FL 342224254

New Mailing Address:

FEI Number: 59-3144673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MEGUIAR, JEROME M.
Address: 145 W. DAVIS BLVD.
City-St-Zip: TAMPA, FL 336063539

Title: PD () Delete
Name: SEDORY, A, L
Address: 2517 CULBREATH COVE CT
City-St-Zip: VALRICO, FL 335946387

Title: S () Delete
Name: MEGUIAR, ROBERT JORDAN
Address: 4124 GRADSTONE PLACE
City-St-Zip: TAMPA, FL 336177370

Title: DT () Delete
Name: LEVAN, CHARLES M
Address: 164 NIGHTINGALE CIRCLE
City-St-Zip: ELLENTON, FL 342224254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. LEVAN

DT

03/18/2009

Electronic Signature of Signing Officer or Director

Date