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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004746 (4)**

1. Corporation Name

MID - FLORIDA WRESTLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3966 LAKE MIRA DRIVE
ORLANDO FL 32817-1646**

**3966 LAKE MIRA DRIVE
ORLANDO FL 32817-1646**



3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

59-3149395

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DEHLER, RICHARD F
3966 LAKE MIRA DRIVE
ORLANDO FL 32817-1646**

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **PROSUCH, RICHARD C**
CITY-ST-ZIP **2051 PERNOT CT
APOPKA FL**

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **WRIGHT, WILLIAM**
CITY-ST-ZIP **364 ALEATHA DR
DAYTONA BCH FL**

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **DEHLER, RICHARD F**
CITY-ST-ZIP **3966 LAKE MIRA DRIVE
ORLANDO FL 32817**

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **HEWITT, MARK**
CITY-ST-ZIP **3187 WINDCHIME CIR S
APOPKA FL**

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **GARBER, WAYNE**
CITY-ST-ZIP **12608 BIRCHBARK CT
ORLANDO FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SCOTT, NAGLE**
CITY-ST-ZIP **5011 LOBLOLLY BAY LN
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Shultz, Ronald N**
1.3 STREET ADDRESS **4304 South Kirkman Road Apt 101**
1.4 CITY-ST-ZIP **Orlando, FL 32811**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Richard F. Dehler** **Richard F. Dehler** **13 Apr 98** **(407) 678-1610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017161

CR2E037 (10/97)