

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000001307 (7)**

1. Corporation Name

THE FLORIDA SPORTS FOUNDATION FOR CHILDREN, INC.



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| Principal Place of Business 3001 TAMiami TRAIL NORTH NAPLES FL 33940 | Mailing Address 3001 TAMiami TRAIL NORTH NAPLES FL 33940 |
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|--|---|
| 3. Date Incorporated or Qualified 03/14/1994 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. FEI Number 65-0529165 | Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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|---|--|
| 2. Principal Place of Business 21 2280 14th ST No Suite, Apt. #, etc. 22 City & State 23 NAPLES FL Zip 24 34103 | 2a. Mailing Address 25 2280 14th ST No Suite, Apt. #, etc. 26 City & State 27 NAPLES FL Zip 28 34103 Country 29 USA |
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|---|-----------------------------------|
| 6. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$8.75 Additional Fee Required |
| 8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent COX, JOE B ESQ. 3001 TAMiami TRAIL NORTH NAPLES FL 33940 | 10. Name and Address of New Registered Agent 81 Name CHARLES DAURAY 82 Street Address (P.O. Box Number is Not Acceptable) 2280 14th ST No 83 84 City NAPLES 85 Zip Code FL 34103 |
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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 Charles Dauray **CHARLES DAURAY** **4/28/98**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE VSD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE TRES. DIR. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME GUTHRIE, SUSAN M | | 1.2 NAME CHARLES DAURAY | |
| STREET ADDRESS 8062 WEST BURROUGH DRIVE | | 1.3 STREET ADDRESS 2280 14th ST No | |
| CITY-ST-ZIP NAPLES FL 33940 | | 1.4 CITY-ST-ZIP NAPLES, FL 34103 | |
| TITLE DP | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME COX, JOE B | | 2.2 NAME PAUL SCHRYVER | |
| STREET ADDRESS 3001 TAMiami TRAIL NORTH, 4TH FL | | 2.3 STREET ADDRESS 1546 13th AVE No | |
| CITY-ST-ZIP NAPLES FL 33940 | | 2.4 CITY-ST-ZIP NAPLES FL 34102 | |
| TITLE DT | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WALTHER, RONALD | | 3.2 NAME | |
| STREET ADDRESS 3777 TAMiami TRAIL NORTH, SUITE 200 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES FL 33940 | | 3.4 CITY-ST-ZIP | |
| TITLE H | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HART, REGINALD S. | | 4.2 NAME | |
| STREET ADDRESS 16 MORNINGSIDE AVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP NATICK MA | | 4.4 CITY-ST-ZIP | |
| TITLE TRES. DIR. | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHARLES DAURAY | | 5.2 NAME | |
| STREET ADDRESS 2280 14th STREET No | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP NAPLES, FL 34103 | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Charles Dauray **CHARLES DAURAY** **4/28/98** **941 649 0090**

CR2E037 (1097)