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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90142 045 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001307**

1. Corporation Name

**THE FLORIDA SPORTS FOUNDATION FOR CHILDREN, INC.**

Principal Place of Business

2280 14TH ST NORTH  
NAPLES FL 34103  
US

Mailing Address

2280 14TH ST NORTH  
NAPLES FL 34103  
US



2. Principal Place of Business

21 **117 WADING BIRD CIRCLE**

Suite, Apt. #, etc.

22 **101**

City & State

23 **NAPLES, FL**

Zip

24 **34110**

Country

2a. Mailing Address

26 **16 MORNINGSIDe AVE.**

Suite, Apt. #, etc.

27

City & State

28 **NATICK, MA**

Zip

29 **01760**

Country

30

3. Date Incorporated or Qualified

**03/14/1994**

4. FEI Number

**65-0529165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

**DAURAY, CHARLES**  
**2280 14TH ST NORTH**  
**NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name

**Reginald S. Hant**

82 Street Address (P.O. Box Number is Not Acceptable)

**117 WADING BIRD CIRCLE, Unit 101**

83

84 City

**NAPLES**

**FL**

85 Zip Code  
**34110**

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

**Reginald S. Hant**

**4/14/99**

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 **PD** ☒ DELETE

NAME **DAURAY, CHARLES**  
STREET ADDRESS **2280 14TH ST NORTH**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ DELETE

NAME **SCHRYVER, PAUL**  
STREET ADDRESS **1546 13TH AVE NORTH**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **DT** ☐ DELETE

NAME **WALTHER, RONALD**  
STREET ADDRESS **3777 TAMiami TRAIL NORTH, SUITE 200**  
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director** ☐ Change ☒ Addition

1.2 NAME **Reginald S. Hant**  
1.3 STREET ADDRESS **117 WADING BIRD CIRCLE, #101**  
1.4 CITY-ST-ZIP **NAPLES, FL 34110**

2.1 TITLE **Director** ☐ Change ☒ Addition

2.2 NAME **James McMahon**  
2.3 STREET ADDRESS **285 Lagoon St.**  
2.4 CITY-ST-ZIP **NAPLES, FL 34108**

3.1 TITLE **Director** ☐ Change ☒ Addition

3.2 NAME **Joseph Minville**  
3.3 STREET ADDRESS **134 Framingham Rd.**  
3.4 CITY-ST-ZIP **Southboro, MA 01772**

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, with all other like empowered.

SIGNATURE:

**Reginald S. Hant**

**4/14/99**

**(508) 651-3999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)