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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001282 (1)

1. Corporation Name

SPORTS EMBASSY FOUNDATION, INC.



Principal Place of Business

Mailing Address

21218 ST. ANDREWS BLVD.
SUITE #10-222
BOCA RATON FL 33433

21218 ST. ANDREWS BLVD.
SUITE #10-222
BOCA RATON FL 33433-2435

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report
05/17/1996

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

4. FEI Number
65-0569987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDMUNDS, DENISE
21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EDMUNDS, DENISE
STREET ADDRESS ~~5000 BUCKHEAD CIRCLE~~
CITY-ST-ZIP ~~BOCA RATON FL 33400~~

1.1 TITLE P D
1.2 NAME EDMUNDS, DENISE
1.3 STREET ADDRESS 21218 ST ANDREWS BLVD
1.4 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VTD
NAME PITTS, NEWTON
STREET ADDRESS 2207 WOODLANDS WAY
CITY-ST-ZIP DEERFIELD BEACH FL 33442

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD
NAME EDMUNDS, DANNY L
STREET ADDRESS 6300 LAS FLORES DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

3.1 TITLE VSD
3.2 NAME
3.3 STREET ADDRESS 900 S.W. 62nd Blvd.
3.4 CITY-ST-ZIP Apt. D-21 Gainesville, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 *Denise Edmunds* DENISE EDMUNDS 21218 ST ANDREWS BLVD BOCA RATON FL 33433

CP2E037 (9/96)