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FILE

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May 06 1998 8:00am
Secretary of State

NON PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N 95000001282**
1. Corporation Name

SPORTS EMBASSY FOUNDATION, INC.

Principal Place of Business Mailing Address
21218 St. Andrews Blvd
Suite 10-222
Boca Raton, FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/98	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0569987	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

EDMUNDS, DENISE
21218 St. Andrews Blvd
Boca Raton, FL 33433

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and then applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EDMUNDS, DENISE	1.2 NAME	
STREET ADDRESS	2901 SW 41ST STREET #2713	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	PITTS, NEWTON	2.2 NAME	
STREET ADDRESS	2207 WOODLANDS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	EDMUNDS, DANNY L.	3.2 NAME	
STREET ADDRESS	507 HARRISON AV 0ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA 18510	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Danny L. Edmunds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/98 352 861 2711

Date Daytime Phone #

CR2E034 (10/97)

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