## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003661 (4)

MOXLEY TEAM SPORTS, INC.

Principal Place of Business Mailing Address 4100 LAKE WASHINGTON ROAD 4100 LAKE WASHINGTON ROAD MELBOURNE FL 32834-7869 MELBOURNE FL 32934 3. Date incorporated or Qualified 07/27/1995 08/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3330136 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 130 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ANDERSON, J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 930 S HARBOR CITY BLVD 83 SUITE 505 MELBOURNE FL 32901 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BEASY, SKIP NAME 1.2 NAME 4100 LAKE WASHINGTON ROAD 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32934 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ۷D BOYNTON, NEIL 2.2 NAME NAME 1716 W SHORES ROAD STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE MOXLEY, MARILYN NAME 3.2 NAME 4100 LAKE WASHINGTON ROAD 3.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32934** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS

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.

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

5.4 CITY - ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: SIGNATURE AND PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Daytime Phone # 0019443

Change

Change

Addition

Addition

**FILED** 

May 19 1997 8:00am

Secretary of State