

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 24 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 # **N96000005266 (9)**

1. Corporation Name

**MIAMI HIGH FOOTBALL HALL OF FAME, INC.**



Principal Place of Business

Mailing Address

**7920 N.W. 67TH STREET  
MIAMI FL 33166**

**7920 N.W. 67TH STREET  
MIAMI FL 33166-2631**

3. Date Incorporated or Qualified  
**10/10/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOTH, LEONARD  
7920 N.W. 67TH STREET  
MIAMI FL 33166**

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                       | <input type="checkbox"/> DELETE |
| NAME           | BOOTH, LEONARD           |                                 |
| STREET ADDRESS | 5831 S.W. 90TH COURT     |                                 |
| CITY-ST-ZIP    | MIAMI FL 33173           |                                 |
| TITLE          | VPD                      | <input type="checkbox"/> DELETE |
| NAME           | WILSON, GAIL             |                                 |
| STREET ADDRESS | 12559 S.W. 144TH TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33156           |                                 |
| TITLE          | STD                      | <input type="checkbox"/> DELETE |
| NAME           | MATTHEWS, CHARLES        |                                 |
| STREET ADDRESS | 6042 S.W. 85TH AVENUE    |                                 |
| CITY-ST-ZIP    | MIAMI FL 44143           |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | KIRK, RONALD K           |                                 |
| STREET ADDRESS | 9065 SW. 56TH TERRACE    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33173           |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | KLEINBERG, HOWARD        |                                 |
| STREET ADDRESS | 14520 S.W. 79TH COURT    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33158           |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | MERO, LARRY              |                                 |
| STREET ADDRESS | 13911 S.W. 97TH AVENUE   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33176           |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032149

CR2E037 (9/96)