

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90174 006 ****61.25

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1. Corporation Name

FLORIDA CITRUS HALL OF FAME, INCORPORATED

Principal Place of Business

70 FLORIDA CITRUS BLVD.
WINTER HAVEN FL 33880

Mailing Address

70 FLORIDA CITRUS BLVD.
WINTER HAVEN FL 33880



2. Principal Place of Business

21 211 AVE G SW
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 30
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

59-3483292

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HEMENWAY, RICHARD
70 FLORIDA CITRUS BLVD.
WINTER HAVEN FL 33880

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

TITLE D ☐ DELETE

NAME HEMENWAY, RICHARD
STREET ADDRESS 70 FLORIDA CITRUS BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE

NAME JOINER, JAMES T
STREET ADDRESS 190 AVENUE A, N.W.
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE DC ☐ DELETE

NAME CHICONE, JERRY
STREET ADDRESS 118 E. JEFFERSON STREET
CITY-ST-ZIP ORLANDO FL 32854

TITLE DVC ☐ DELETE

NAME KINGHAM, RICHARD
STREET ADDRESS 70 FLORIDA CITRUS BLVD
CITY-ST-ZIP WINTER HAVEN FL 33882

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 211 AVE G SW
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 211 AVE G SW
4.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 941-292-9810

CR2E037 (11/98)