FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093197 (9)**

1. Corporate Name

NATIONAL HANDBALL HALL OF FAME CLUB, INC.

Principal Place of Business	Mailing Address
44 VIEW ST LANTANA FL 33462-1814	44 VIEW ST. LANTANA FL 33462-1814

E00001545686-
-07/25/95--01105--014
****700.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Street Apt. # etc. — 22

Street Apt. # etc. — 27

City & State — 23

City & State — 28

Zip — 24 — Country — 25

Zip — 29 — Country — 30

4. FEI Number: 65-0582586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Fee for Certified Copies ☐ **$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

COLLINS, PHIL
44 VIEW ST.
LANTANA FL 33462-1814

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 Section 607.0502 and 607.1908, 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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, New Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS, CHANGES	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	COLLINS, PHIL	NAME	
STREET ADDRESS	44 VIEW ST.	STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462-1814	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HERSHKOWITZ, VIC	NAME	
STREET ADDRESS	1421 S.W. 109TH WAY	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SLOAN, JOHN	NAME	
STREET ADDRESS	22830 GOLDSTONE	STREET ADDRESS	
CITY-ST-ZIP	KATY TX 77450	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KONKOL, KEN	NAME	
STREET ADDRESS	2604 SHERWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50310	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SUBAK, STEVE	NAME	
STREET ADDRESS	5028 HALLIFAX	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55424	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REMITTED BY MAY 1

CH

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall satisfy the requirements of Section 607.0502, Florida Statutes, that all other information required by Chapter 607, Florida Statutes, and this report is current, complete and accurate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

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