

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008022

Entity Name: FLORIDA SPORTS FOUNDATION, INCORPORATED**Current Principal Place of Business:**101 NORTH MONROE STREET
SUITE 1000
TALLAHASSEE, FL 32301**Current Mailing Address:**101 NORTH MONROE STREET
SUITE 1000
TALLAHASSEE, FL 32301 US**FEI Number:** 45-3113933**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, PAMELA
800 NORTH MAGNOLIA AVENUE
SUITE 1100
ORLANDO, FL 32803 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	LAWLOR, PATRICK
Address	101 NORTH MONROE STREET SUITE 1000
City-State-Zip:	TALLAHASSEE FL 32301

Title	P
Name	WEBB, JOHN
Address	101 NORTH MONROE STREET SUITE 1000
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	MIELKE, JEFF
Address	101 NORTH MONROE STREET SUITE 1000
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	ADAMS, JEFFREY
Address	360 CENTRAL AVENUE 11TH FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701

Title	CHAIRMAN
Name	NAFE, RICK
Address	ONE TROPICANA DRIVE
City-State-Zip:	ST. PETERSBURG FL 33705

Title	VP
Name	MURPHY, PAMELA
Address	800 N. MAGNOLIA AVENUE SUITE 1100
City-State-Zip:	ORLANDO FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA MURPHYVP, FINANCE &
ACCOUNTING

02/05/2015

Electronic Signature of Signing Officer/Director Detail_____
Date