

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 20 PH 2: 20**

**DOCUMENT # 770634 (4)**

1. Corporation Name

**FAN ASSOCIATION OF NORTH AMERICA, INC.**

Principal Place of Business

Mailing Address

6138 DEACON DRIVE  
WINDERMERE FL 34786

6138 DEACON DRIVE  
WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1983** 3a. Date of Last Report **03/16/1994**

4. FEI Number **59-2381870** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, COLIN  
~~505 BEACHTREE RD.~~  
~~ORLANDO FL 32804~~

6138 DEACON DRIVE  
WINDERMERE FL 34786

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6138 DEACON DRIVE

83

84 City

WINDERMERE

FL

85 Zip Code

34786

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Colin Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED  
NAME JOHNSON, COLIN  
STREET ADDRESS 6138 DEACON DRIVE  
CITY-ST-ZIP WINDERMERE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P  
NAME CORNISH, GRACE  
STREET ADDRESS 830 W. CLARK RD  
CITY-ST-ZIP YPSILANTI MI

2.1 TITLE  Change  Addition  
2.2 NAME P CORNELL, MARY  
2.3 STREET ADDRESS 6850 Delmeta Dr.  
2.4 CITY-ST-ZIP Dallas TX 75248

TITLE D  
NAME WLADIS, MARY  
STREET ADDRESS 1550 N. LAKE SHORE DRIVE 24 G  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME ZELLEY, ELSA  
STREET ADDRESS 511 71ST ST  
CITY-ST-ZIP HOLMES BCH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  
NAME BRYANT, BONNIE  
STREET ADDRESS 327 SONORA AVE  
CITY-ST-ZIP GLENDALE CA

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME DOCKENDORF, MICAEL  
STREET ADDRESS 1 APPLETREE DR.  
CITY-ST-ZIP STAMFORD CT

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Colin Johnson* COLIN JOHNSON

Jan 14, 1995

407 876 3095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone #