

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770634** (4)  
1. Corporation Name  
**FAN ASSOCIATION OF NORTH AMERICA, INC.**



Principal Place of Business: **6138 DEACON DRIVE WINDERMERE FL 34786**  
Mailing Address: **6138 DEACON DRIVE WINDERMERE FL 34786**

3. Date Incorporated or Qualified: **10/07/1983**  
3a. Date of Last Report: **03/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-2381870</b>	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25	Country	29	Country				
30							

**9. Name and Address of Current Registered Agent**

**JOHNSON, COLIN  
6138 DEACON DRIVE  
WINDERMERE FL 34786**

**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 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	<b>ED</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, COLIN</b>	1.2 NAME	
STREET ADDRESS	<b>6138 DEACON DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CORNELL, MARY</b>	2.2 NAME	<b>PRES. WENDY HAMILTON BLUE</b>
STREET ADDRESS	<b>6850 DELMETA DRIVE</b>	2.3 STREET ADDRESS	<b>2118 VAN BUREN DR.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	2.4 CITY-ST-ZIP	<b>WHITEHALL, PA 18052</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WLADIS, MARY</b>	3.2 NAME	
STREET ADDRESS	<b>1550 N. LAKE SHORE DRIVE 24 G</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELLEY, ELSA</b>	4.2 NAME	
STREET ADDRESS	<b>511 71ST ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLMES BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYANT, BONNIE</b>	5.2 NAME	<b>1809 W. BURBANK BLVD, STE A.</b>
STREET ADDRESS	<b>327 SONORA AVE</b>	5.3 STREET ADDRESS	<b>BURBANK, CA 91506</b>
CITY-ST-ZIP	<b>GLENDALE CA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOCKENDORF, MICAEL</b>	6.2 NAME	
STREET ADDRESS	<b>1 APPLETREE DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	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 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

*Bonnie Bryant Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96  
Date

818-563-1717  
Daytime Phone #

CFR2E037 (12/95)