

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number 59-2381870	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, COLIN	1.2 NAME	
STREET ADDRESS	6138 DEACON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, WENDY HAMILTON	2.2 NAME	
STREET ADDRESS	2118 VAN BUREN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITEHALL PA	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WLADIS, MARY	3.2 NAME	Secretary - Records
STREET ADDRESS	1550 N. LAKE SHORE DRIVE 24 G	3.3 STREET ADDRESS	Herbert Cornish
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	830 W Clark St
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZELLEY, ELSA	4.2 NAME	Secretary - Corres
STREET ADDRESS	511 71ST ST	4.3 STREET ADDRESS	Virginia Damon
CITY-ST-ZIP	HOLMES BCH FL	4.4 CITY-ST-ZIP	Box 177 Cleveland Hill
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BONNIE	5.2 NAME	
STREET ADDRESS	1809 W BURBANK BLVD, STE A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKENDORF, MICAEL A	6.2 NAME	
STREET ADDRESS	1 APPLETREE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

3.1 TITLE	Secretary - Records
3.2 NAME	Herbert Cornish
3.3 STREET ADDRESS	830 W Clark St
3.4 CITY-ST-ZIP	Ypsilanti MI 48198
4.1 TITLE	Secretary - Corres
4.2 NAME	Virginia Damon
4.3 STREET ADDRESS	Box 177 Cleveland Hill
4.4 CITY-ST-ZIP	Tamworth NH 03886

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.

CPRE037 (10/97)