
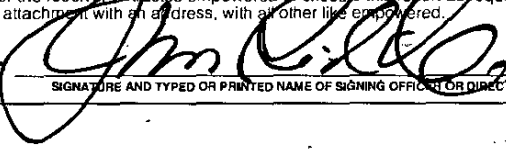


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90008 039 ****61.25

DOCUMENT # F95000001717					
1. Entity Name SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED					
Principal Place of Business 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408-5696			Mailing Address 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408-5696		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-0753520	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARMSTRONG, ROBERT 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408-5696				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIDDLE, JOHN		NAME		
STREET ADDRESS	200 CASTLEWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGGE, TOM		NAME		
STREET ADDRESS	CRAMER PRODUCTS 153 W WARREN		STREET ADDRESS		
CITY-ST-ZIP	GARDNER, KS 66030		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAZMAIER, RICHARD		NAME		
STREET ADDRESS	676 ELM STREET		STREET ADDRESS		
CITY-ST-ZIP	CONCORD, MA 01742		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOYCE, TIM		NAME	Tony Palma	
STREET ADDRESS	5055 N GREELY AVE		STREET ADDRESS	EASTON SPORTS	
CITY-ST-ZIP	PORTLAND, OR 972173524		STREET ADDRESS	7855 Haskell Ave., #200	
			STREET ADDRESS	Van Nuys, CA 91406-1901	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEALD, JESS		NAME	Greg Hege	
STREET ADDRESS	WORTH INC 2100 N JACKSON ST		STREET ADDRESS	PORTER ATHLETIC EQUIP. CO.	
CITY-ST-ZIP	TULLAHOMA, TN 37388		STREET ADDRESS	2500 South 25th Avenue	
			STREET ADDRESS	Broadview, IL 60153-9006	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FURNISS, STEVE		NAME		
STREET ADDRESS	15391 SPRINGDALE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92649		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 3/10/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

54018162



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