


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01011	
1. Entity Name WING DING SPORTS ASSOCIATION, INC.	

Principal Place of Business 9000 NORTH PALAFOX #29 PENSACOLA, FL 32534	Mailing Address 9000 NORTH PALAFOX #29 PENSACOLA, FL 32534
--	--

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2916606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, JOE 9000 N. PALAFOX, #29 PENSACOLA, FL 32534	DO NOT WRITE IN THIS SPACE
---	----------------------------

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000783471 01/16/08-80015-024 61.25
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JOE 9000 N. PALAFOX, #29 PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOMELAND, HAROLD 708 SOUTH G ST. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINSCHMIDT, DUTCH PO BOX 1096 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOE 9000 PALAFOX HWY, #29 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joe Robinson Joe Robinson 10 Jan 2008 850-485-5614
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date Daytime Phone #