

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90345 028 ****61.25



DOCUMENT # N98000006363
 1. Entity Name
NATIONAL TRAINING CENTER SPORTS MEDICINE INSTITUTE FOUNDATION, INC.

Principal Place of Business
 731 E. HWY. 50
 CLERMONT, FL 34711

Mailing Address
 731 E. HWY. 50
 CLERMONT, FL 34711



2. Principal Place of Business
1101 Citrus Tower Blvd

3. Mailing Address
1101 Citrus Tower Blvd.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State
Clermont, FL

City & State
Clermont, FL

Zip
34711

Country
USA

Zip
34711

Country
USA

4. FEI Number
59-3541559

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAY, JAMES M M.D.
 731 E. HWY. 50
 CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1101 Citrus Tower Blvd.

City
Clermont

State
FL

Zip Code
34711

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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYETTE, WADE	
STREET ADDRESS	1380 GRAND HWY- P.O. DRAWER 120848	
CITY-ST-ZIP	CLERMONT, FL 34712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFER, BRAIN	
STREET ADDRESS	481 E. HIGHWAY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMON, JAMES K	
STREET ADDRESS	731 E. HWY. 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAY, JAMES M	
STREET ADDRESS	731 E. HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: *James M. Ray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____