

**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 # **P24146** (3)

1. Corporation Name

**COALITION OF AMERICANS TO PROTECT SPORTS "CAPS" INCORPORATED**



Principal Place of Business

Mailing Address

200 CASTLEWOOD DRIVE  
NORTH PALM BEACH FL 33408

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NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified  
**05/03/1989**

3a. Date of Last Report  
**02/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0043645**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINCOLN, SHARON M.  
200 CASTLEWOOD DRIVE  
NORTH PALM BEACH FL 33408

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

*Sharon M. Lincoln*

**Sharon M. Lincoln, Executive Director** 1/24/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIDDLE, JOHN	
STREET ADDRESS	200 CASTLEWOOD DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTMAN, ED	
STREET ADDRESS	2801 RED DOG DRIVE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEALAND, TOM	
STREET ADDRESS	153 W. WARREN	
CITY-ST-ZIP	GARDEN KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAGAN, JOHN, ESQ.	
STREET ADDRESS	350 NORTH LAKE BLD #15	
CITY-ST-ZIP	TAHOE CITY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCELYEA, JIM, ESQ.	
STREET ADDRESS	8700 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NALLEY, CARLIN	
STREET ADDRESS	5211 CENTER ST	
CITY-ST-ZIP	LISLE IL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raymond Pilgrim	
1.3 STREET ADDRESS	334 Tennant Circle	
1.4 CITY-ST-ZIP	Chickamagua, GA 30707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, if changed, on an attachment with an address.

SIGNATURE

*John D. Riddle*

**John D. Riddle**

1/24/96

407-842-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)