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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24146 (3)

1. Corporation Name
COALITION OF AMERICANS TO PROTECT SPORTS "CAPS" INCORPORATED



Principal Place of Business 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408	Mailing Address 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5604
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3. Date Incorporated or Qualified 05/03/1989	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 65-0043645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARUSO, ANDY	
1.3 STREET ADDRESS	250 Loggerhead Drive	
1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVIS, PHILLIP M, ESQ.	
2.3 STREET ADDRESS	50 Staniford Street, 9th Floor	
2.4 CITY-ST-ZIP	Boston, MA 02114	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRANGER, MARK, ESQ.	
3.3 STREET ADDRESS	250 Summer Street	
3.4 CITY-ST-ZIP	Boston, MA 02210	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHARF, RON, ESQ.	
4.3 STREET ADDRESS	614 North State Street	
4.4 CITY-ST-ZIP	Litchfield, IL 62056	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCELYEA, JIM, ESQ.	
5.3 STREET ADDRESS	531 Franklin Avenue	
5.4 CITY-ST-ZIP	River Forest, IL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NALLEY, CARLIN	
6.3 STREET ADDRESS	631 Kohley Road	
6.4 CITY-ST-ZIP	Lisle, IL	

14. I do 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.

SIGNATURE: _____

CR2E037 (9/96)