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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24146

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/03/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0043645	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDDLE, JOHN	1.2 NAME	CHRISTMAN, ED
STREET ADDRESS	200 CASTLEWOOD DRIVE	1.3 STREET ADDRESS	2801 Red Dog Drive
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	Knoxville, IN 37901
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, PHILLIP M. ESQ	2.2 NAME	JOHN FAGAN
STREET ADDRESS	50 STANIFORD ST., 9TH FLOOR	2.3 STREET ADDRESS	350 North Lake Blvd Suite 15
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Tahoe City, CA 95730-7199
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GRANGER, MARK ESQ.	3.2 NAME	
STREET ADDRESS	250 SUMMER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WEALAND, TOM	4.2 NAME	
STREET ADDRESS	153 W. WARREN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GARDNER KS	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	MCELYEA, JIM, ESQ.	5.2 NAME	
STREET ADDRESS	531 FRANKLIN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER FOREST IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	NALLEY, CARLIN	6.2 NAME	
STREET ADDRESS	631 KOHLEY RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 1/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)