


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 042 ****61.25

DOCUMENT # P24146

1. Entity 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

24021459



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0043645

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTMAN, ED	
STREET ADDRESS	2801 RED DOG DRIVE	
CITY-ST-ZIP	KNOXVILLE, TN 37901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PHILLIP M. ESQ	
STREET ADDRESS	50 STANIFORD ST., 9TH FLOOR	
CITY-ST-ZIP	BOSTON, MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANGER, MARK ESQ.	
STREET ADDRESS	250 SUMMER ST.	
CITY-ST-ZIP	BOSTON, MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIMMONS, KEN	
STREET ADDRESS	610 SOUTH INDUSTRIAL	
CITY-ST-ZIP	LITCHFIELD, IL 62055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, JOHN	
STREET ADDRESS	350 NORTH LAKE BLVD., SUITE 15	
CITY-ST-ZIP	TAHOE CITY, CA 957307199	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NALLEY, CARLIN	
STREET ADDRESS	631 KOHLEY RD.	
CITY-ST-ZIP	LISLE, IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Riddle	
STREET ADDRESS	200 Castlewood Dr.	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Kazmaier	
STREET ADDRESS	KAZMAIER ASSOCIATES, INC	
CITY-ST-ZIP	676 Elm Street Concord, MA 01742	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Rogge	
STREET ADDRESS	CRAMER PRODUCTS	
CITY-ST-ZIP	P.O. Box 1001 Gardner, KS 66030	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Hege	
STREET ADDRESS	PORTER ATHLETIC EQUIP. CO.	
CITY-ST-ZIP	2500 South 25th Avenue Broadview, IL 60153-9006	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Furniss	
STREET ADDRESS	TYR SPORT INC.	
CITY-ST-ZIP	15391 Springdale Avenue Huntington Beach, CA 92649	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Palma	
STREET ADDRESS	EASTON SPORTS	
CITY-ST-ZIP	7855 Haskell Ave., #200 Van Nuys, CA 91406-1901	

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 information.

SIGNATURE: John Riddle Date: 3/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR