


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

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
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0043645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LINCOLN, SHARON M.
 200 CASTLEWOOD DRIVE
 NORTH PALM BEACH, FL 33408

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDDLE, JOHN 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAZMAIER, RICHARD 676 ELM STREET CONCORD, MA 01742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGGE, TOM % CRAMER PRODUCTS, P.O. BOX 1001 GARDNER, KS 66030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGE, GREG 2500 SOUTH 25TH AVENUE BROADVIEW, IL 601539006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURNISS, STEVE 15391 SPRINGDALE AVENUE HUNTINGTON BEACH, CA 92649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMA, TONY 7855 HASKELL AVENUE, #200 VAN NUYS, CA 914061901

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 01/24/05-80166-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Riddle* **1/4/05** **561-842-4100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #