

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90129 046 ****70.00

DOCUMENT # 766448 1. Entity Name NATIONAL HIGH SCHOOL SPORTS INSTITUTE, INC.					
Principal Place of Business 760 MIX AVE PHS HAMDEN, CT 06514			Mailing Address PO BOX 4342 HAMDEN, CT 06514 US		
2. Principal Place of Business 305 Broadway Suite, Apt. #, etc. Norwich Free Academy		3. Mailing Address Suite, Apt. #, etc. Same			
City & State Norwich, CT 06360		City & State _____			
Zip _____	Country U.S.A.	Zip _____	Country _____	4. FEI Number 59-2637106	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PROKES, DONALD 507 ISLAND WAY CLEARWATER, FL 33767-1902			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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME KATTE, RICHARD STREET ADDRESS 1860 C. CLAYTON ST. CITY-ST-ZIP DENVER, CO 80210	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Prokes, Don STREET ADDRESS 507 Island way CITY-ST-ZIP Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME HAWK, MAX STREET ADDRESS 2200 VALLEY ROAD CITY-ST-ZIP YANKTON, SD 57078	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME HOLLOWAY, KATHY STREET ADDRESS 2046 HWY. 457 CITY-ST-ZIP LECOMPT, LA 71346	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ED NAME GALLETTE, RICHARD T STREET ADDRESS 760 MIX AVE., PHS CITY-ST-ZIP HAMDEN, CT 06514	<input checked="" type="checkbox"/> Delete		TITLE ED NAME Gary Makowicki STREET ADDRESS 305 Broadway CITY-ST-ZIP Norwich, CT 06360	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gary Makowicki</u> GARY MAKOWICKI			Date 4/5/06		Daytime Phone # 860 425-5512