

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004040

FILED
Apr 21, 2008
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF SPORTING GOODS WHOLESALERS INC.

Current Principal Place of Business:

362 NW SUNVIEW WAY
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 881525
PORT ST LUCIE, FL 34988

New Mailing Address:

FEI Number: 36-6056575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WAYNE N
362 NW SUNVIEW WAY
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BROWN, MICHAEL
Address: 65 WESTFIELD INDUSTRIAL PARK RD
City-St-Zip: WESTFIELD, MA 01085

Title: V () Delete
Name: GRANT, HEWITT
Address: 267 COLUMBIA AVE
City-St-Zip: CHAPIN, SC 29036

Title: SD () Delete
Name: STEGER, BOB
Address: 4405 METRIC DRIVE
City-St-Zip: WINTER PARK, FL 32793

Title: PD () Delete
Name: SMITH, WAYNE N
Address: 362 NW SUNVIEW WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TD () Delete
Name: LIPSEY, RICHARD
Address: 6823 EXCHEQUER DRIVE
City-St-Zip: BATON ROUGE, LA 70805

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JACK, BAUMLER
Address: 1744 IOWA AVE
City-St-Zip: LORAIN, OH 44052

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SMITH

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date