

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001717 (6)

1. Corporation Name

SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED

Principal Place of Business

**200 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408-5696**

Mailing Address

**200 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408-5696**



3. Date Incorporated or Qualified
04/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

36-0753520

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMSTRONG, ROBERT
200 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408-5696**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **RIDDLE, JOHN**
STREET ADDRESS **200 CASTLEWOOD DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **STEFAN, MARIA**
STREET ADDRESS **200 CASTLEWOOD DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Ralph Carlson**
2.3 STREET ADDRESS **425 Meadow Street**
2.4 CITY-ST-ZIP **Chicopee MA 01003**

TITLE **STD** ☐ DELETE
NAME **HEGE, GREG**
STREET ADDRESS **2500 S. 25TH AVE.**
CITY-ST-ZIP **BROADVIEW IL 60153**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EDELSON, KENNETH**
STREET ADDRESS **140 WOODBINE ST.**
CITY-ST-ZIP **BERGENFIELD NJ 07621**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DC** ☒ DELETE
NAME **LACEY, JACK**
STREET ADDRESS **425 MEADOW ST.**
CITY-ST-ZIP **CHICOPEE MA 01021**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Tom Carmody**
5.3 STREET ADDRESS **100 Technology Center**
5.4 CITY-ST-ZIP **Stoughton MA 02072**

TITLE **DC** ☐ DELETE
NAME **NIMMONS, JULIE**
STREET ADDRESS **1200 E. UNION AVENUE**
CITY-ST-ZIP **LITCHFIELD IL 62056**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)