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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001717 (6)**

1. Corporation Name

SPORTING GOODS MANUFACTURERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

36-0753520

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

TITLE **P** ☐ DELETE

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

TITLE **ST** ☐ DELETE

NAME **CARLSON, RALPH**
STREET ADDRESS **425 MEADOW ST**
CITY-ST-ZIP **CHICOPEE MA**

TITLE **C** ☐ DELETE

NAME **HEGE, GREG**
STREET ADDRESS **2500 S. 25TH AVE.**
CITY-ST-ZIP **BROADVIEW IL**

TITLE **VC** ☐ DELETE

NAME **WATCHEL, BARNEY**
STREET ADDRESS **LEE STREET**
CITY-ST-ZIP **ALEXANDER CITY AL**

TITLE **D** ☐ DELETE

NAME **CARMODY, TOM**
STREET ADDRESS **100 TECHNOLOGY CENTER**
CITY-ST-ZIP **STOUGHTON MA**

TITLE **C** ☐ DELETE

NAME **NIMMONS, JULIE**
STREET ADDRESS **1200 E. UNION AVENUE**
CITY-ST-ZIP **LITCHFIELD IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Charles Peifer
One Sport System Plaza
Bordentown NJ 08505

14. 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 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:

REQUIRED

45/98 501 840 1100

CR2E037 (10/97)