


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90008 039 ****61.25

DOCUMENT # F95000001717					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-0753520	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARMSTRONG, ROBERT 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408-5696			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 reconstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P RIDDLE, JOHN 200 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGGE, TOM CRAMER PRODUCTS 153 W WARREN GARDNER, KS 66030	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAZMAIER, RICHARD 676 ELM STREET CONCORD, MA 01742	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOYCE, TIM 5055 N GREELY AVE PORTLAND, OR 972173524	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALD, JESS WORTH INC 2100 N JACKSON ST TULLAHOMA, TN 37388	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURNISS, STEVE 15391 SPRINGDALE AVENUE HUNTINGTON BEACH, CA 92649	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tony Palma EASTON SPORTS 7855 Haskell Ave., #200 Van Nuys, CA 91406-1901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Hege PORTER ATHLETIC EQUIP. CO. 2500 South 25th Avenue Broadview, IL 60153-9006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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 _____ 3/10/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					