

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 # N01011 (8)

1. Corporation Name

WING DING SPORTS ASSOCIATION, INC.



Principal Place of Business

8 PEAKES FAIRPOINT
PO BOX 1096
GULF BREEZE FL 32562

Mailing Address

8 PEAKES FAIRPOINT
PO BOX 1096
GULF BREEZE FL 32562

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RIGGS, JR., ROBERT
1407 W. GARDEN STREET
PENSACOLA FL 32501

3. Date Incorporated or Qualified
01/20/1984

3a. Date of Last Report
02/20/1995

4. FEI Number

59-2916606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

NAME

RIGGS, BOBBY

STREET ADDRESS

1407 W GARDEN ST.

CITY-ST-ZIP

PENSACOLA FL

☐ DELETE

TITLE

V

NAME

HOLIFIELD, JIM

STREET ADDRESS

3741 MACKEY COVE DR.

CITY-ST-ZIP

PENSACOLA FL

☐ DELETE

TITLE

T

NAME

HOMMELAND, HAROLD

STREET ADDRESS

708 S. "G" ST

CITY-ST-ZIP

PENSACOLA FL

☐ DELETE

TITLE

D

NAME

REINSCHMIDT, DUTCH

STREET ADDRESS

#7 PEAKES FAIRPOINT

CITY-ST-ZIP

GULF BREEZE FL

☐ DELETE

TITLE

D

NAME

CLELAND, COOK

STREET ADDRESS

294 SEVERIN DR

CITY-ST-ZIP

PENSACOLA FL

☐ DELETE

TITLE

S

NAME

BERCIER, DR. CHARLES H JR.

STREET ADDRESS

5111 PRIETO DR.

CITY-ST-ZIP

PENSACOLA FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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☐ Addition

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:

Robert B. Riggs, Jr. - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

904 432-8376

CR2E037 (12/95)