## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # N01011** 01-12-2004 90003 045 \*\*\*\*70.00 WING DING SPORTS ASSOCIATION, INC. Principal Place of Business Mailing Address 440000000 1407 W GARDEN ST 9000 NORTH PALAFOX PENSACOLA, FL 32501 #29 PENSACOLA, FL 32534 2. Principal Place of Business 3. Mailing Address Palafox 9000 North Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-NP CR2E037 (10/03) #29 4. FEI Number 59-2916606 City & State City & State Applied For Pensacola Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 32534 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. ROBINSON, JOE Street Address (P.O. Box Number is Not Acceptable) 9000 N. PALAFOX, #29 PENSACOLA, FL 32534 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filina Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change ROBINSON, JOE NAME NAME 9000 N. PALAFOX, #29 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32534 COY-ST-7IP Change Delete ☐ Addition NAME HOMELAND, HAROLD NAME STREET ADDRESS 708 SOUTH G ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE REINSCHMIDT, DUTCH NAME NAME PO BOX 1096 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULF BREEZE, FL 32562** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE ROBINSON, JOE NAME NAME 9000 PALAFOX HWY, #29 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP PENSACOLA, FL 32514 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NOR RObinson JOE Robinson
SEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED

Jan 12, 2004 8:00 am