

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01011

**1. Entity Name
WING DING SPORTS ASSOCIATION, INC.**



Principal Place of Business

**9000 NORTH PALAFOX
#29
PENSACOLA, FL 32534**

Mailing Address

**9000 NORTH PALAFOX
#29
PENSACOLA, FL 32534**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2916606	Applied For Not Applicable
---	---

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, JOE
9000 N. PALAFOX, #29
PENSACOLA, FL 32534**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, JOE
STREET ADDRESS	9000 N. PALAFOX, #29
CITY-ST-ZIP	PENSACOLA, FL 32534

TITLE	SD
NAME	HOMELAND, HAROLD
STREET ADDRESS	708 SOUTH G ST.
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	D
NAME	REINSCHMIDT, DUTCH
STREET ADDRESS	PO BOX 1096
CITY-ST-ZIP	GULF BREEZE, FL 32562

TITLE	D
NAME	ROBINSON, JOE
STREET ADDRESS	9000 PALAFOX HWY, #29
CITY-ST-ZIP	PENSACOLA, FL 32514

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000178833
01/12/05-80047-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe Robinson **Joe Robinson** *1/10/05* **850 712-1011**