2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/9

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-09-2003 90156 023 ****70.00

DOCUMENT # N01011

1. Entity Name
WING DING SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1407 W GARDEN ST PENSACOLA FL 32501	PO BOX 771 PENSACOLA FL 32594-0771

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9000 North Palafox Suite, Apt. #, etc. #29
City & State	City & State Pensacola, FL
Zip / Country	Zip 32534 / Country Escambia/USA

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	7. Name and Address of New Registered Agent
RIGGS, JR., ROBERT 1407 W. GARDEN STREET PENSACOLA FL 32501	Name: Joe Robinson Street Address (P.O. Box Number is Not Acceptable): 9000 N Palafox, #29 City: Pensacola, FL Zip Code: 32534

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: Joe Robinson Joe Robinson — DATE: 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ☑ Delete	TITLE	P Joe Robinson ☑ Change ☐ Addition
NAME	RIGGS, BOBBY	NAME	9000 N Palafox, #29
STREET ADDRESS	1407 W GARDEN ST.	STREET ADDRESS	Pensacola, FL 32534
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	V ☑ Delete	TITLE	S.A. ☐ Change ☑ Addition
NAME	HOLLIFIELD, JIM	NAME	Harold Homeland
STREET ADDRESS	3741 MACKEY COVE DR.	STREET ADDRESS	708 South G St.
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	Pensacola FL 32501
TITLE	D ☑ Delete	TITLE	D Dutch Reinschmidt ☐ Change ☑ Addition
NAME	KELLEY, DAN	NAME	PO Box 1096
STREET ADDRESS	1444 COLLEGE PARK WAY	STREET ADDRESS	Gulf Breeze, FL 32562
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOE	NAME	
STREET ADDRESS	9000 PALAFOX HWY, #29	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	WATKINS, FRED	NAME	
STREET ADDRESS	3344 EL PRADO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	S ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BERCIER, DR. CHARLES H JR.	NAME	
STREET ADDRESS	5111 PRIETO DR.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	

CR2E037 (10/02)

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: Joe Robinson SIGNATURE REQUIRED — 4/7/03 — 850-484-6449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #