


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

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000006094	
1. Entity Name WORLD'S GREATEST ATHLETES DECATHLON CLUB, INC.	

Principal Place of Business 682 BOUGAINVILLE RD. NAPLES, FL 34102	Mailing Address 3183 RIDER TRAIL S. EARTH CITY, MO 63045
---	--



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1423472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHMITT, DANIEL A 682 BOUGAINVILLE RD. NAPLES, FL 34102
--

**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 reinstalling)

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

000000195862  
01/26/05-80036-019 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRA, HARRY 9500 CORRIENTE BLVD ATASCADERO, CA 93422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACCARDI, VINCE 3183 RIDER TRAIL SOUTH EARTH CITY, MO 63045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVES, HARRY PENN STATE UNIVERSITY 147 D BRYCE JORDAN CI UNIVERSITY PARK, PA 168027101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JOHN 345 MAIN ST CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITT, DANIEL A 682 BOUGAINVILLE ROAD NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #

*Daniel A. Schmitt* Daniel A. Schmitt 1/19/2005 (314) 770-2986