2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002898

Entity Name: POTSDAM SPORTS FOUNDATION, INC.

FILED Feb 16, 2004 Secretary of State

Current Principal Place of Business: 2105 SE COVE ROAD STUART, FL 64997 Current Mailing Address:			New Prin	New Principal Place of Business:		
			2105 SE COVE ROAD STUART, FL 34997 New Mailing Address:			
						2105 SE COVE ROAD STUART, FL 64997
FEI Number	: 42-1584388	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
FIELDS, Jo 416 CORT STUART,	EZ AVE FL 34994 I	JS	ourness of changing	ita rogiatoroa	d office or registered agent, or both	
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUI						
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D (PETITH, ALFR 3365 SE COUI STUART, FL 3	RT DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FEISTEL, HEIN	AN BLVD 119-S	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KLIER, BRIGIT	AN BLVD 119-S	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	HILPERT, W	ODCREEK DRIVE	
Title: Name:	() Delete	Title: Name:	D SERAKAS, K	() Change (X) Addition (ARIN	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WERNER R HILPERT D 02/16/2004