



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

5/ **FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90339 041 \*\*\*\*61.25

<b>DOCUMENT # N05000010871</b> 1. Entity Name <b>ORMOND BEACH SPORTS AUTHORITY, INC.</b>					
Principal Place of Business <b>5 SPRINGWOOD TRAIL ORMOND BEACH, FL 32174</b>			Mailing Address <b>5 SPRINGWOOD TRAIL ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BOEHM, J R 5 SPRINGWOOD TRAIL ORMOND BEACH, FL 32174</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>J. R. BOEHM</b>		NAME		
STREET ADDRESS	<b>5 SPRINGWOOD TR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOUGLAS THOMAS</b>		NAME		
STREET ADDRESS	<b>132 RIVERBLUFF DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MICHAEL MCKERNAN</b>		NAME		
STREET ADDRESS	<b>400 RIVERSIDE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICHARD FERRISTO</b>		NAME		
STREET ADDRESS	<b>1024 N. U.S. 1</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, Florida Statutes, and 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.					
<b>SIGNATURE:</b> 			<b>4-27-06 386-258-3341</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		