2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N16526

Entity Name: FLORIDA PROFESSIONAL PADDLESPORTS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1764
ARCADIA, FL 34265 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1764
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 65-0078530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAGG, REBECCA A PRES
2816 N.W. COUNTY ROAD 661
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: GOLDSMITH, SHERRI
Address: 20336 E PENNSYLVANIA AVE
City-St-Zip: DUNNELLON, FL 34432

Title: T ( ) Delete
Name: WOOD, JIM
Address: P BOX 592
City-St-Zip: HIGH SPRINGS, FL 32655

Title: PD ( ) Delete
Name: BRAGG, REBECCA ANN,
Address: 2816 N.W. COUNTY ROAD 661
City-St-Zip: ARCADIA, FL 34266

Title: VD ( ) Delete
Name: SANBORN, JACK
Address: RT 6 BOX 203
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REBECCA ANN BRAGG PD 04/28/2004

Electronic Signature of Signing Officer or Director — Date