FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001029 (8)

1. Corporation Name

NATIONAL ASSOCIATION OF RECOVERING PROFESSIONAL ATHLETES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
20 NORTH ORANGE AVENUE FIRST UNION TOWER, SUITE 700 ORLANDO FL 32801	20 NORTH ORANGE AVENUE FIRST UNION TOWER, SUITE 700 ORLANDO FL 32801

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 04/14/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEE JAY COLLING & ASSOCIATES P.A.
20 NORTH ORANGE AVENUE
FIRST UNION TOWER, SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	DENEHY, WILLIAM F	1.2 NAME	DENEHY, WILLIAM F	
STREET ADDRESS	5373 WEST VIRGINIA ROAD	1.3 STREET ADDRESS	5096 EASTWINDS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	2.1 TITLE	V/D	XX Change ☐ Addition
NAME	BRANDEBURG, JOHN	2.2 NAME	BRANDEBURG, JOHN	
STREET ADDRESS	1947 S. KIRKMAN RD. #2	2.3 STREET ADDRESS	2406 NORTH AVENUE	
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	3.1 TITLE	V/D	XX Change ☐ Addition
NAME	KELIN, RAUING J	3.2 NAME	CYR, LEO	
STREET ADDRESS	1065 MORSE BLVD.	3.3 STREET ADDRESS	10425 HAMPSHIRE AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55438	
TITLE	D	4.1 TITLE	S/T/D	XX Change ☐ Addition
NAME	BIAFORA, ROSANNE	4.2 NAME	GOLD, ROBERT E	
STREET ADDRESS	5493 PINE CREEK RD	4.3 STREET ADDRESS	2528 CLARINET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32811	4.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROBERT E. GOLD 4/14/94 (407) 262-7076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004089