

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001029 (8)

1. Corporation Name

NATIONAL ASSOCIATION OF RECOVERING PROFESSIONAL
ATHLETES, INC.



Principal Place of Business

20 NORTH ORANGE AVENUE
FIRST UNION TOWER, SUITE 700
ORLANDO FL 32801

Mailing Address

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
04/19/1995

2. Principal Place of Business

21 2528 CLARINET DRIVE

Suite, Apt. #, etc.

22

2a. Mailing Address

26 2528 CLARINET DRIVE

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 32837

25 USA

29 32837

30 USA

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
DENEHY, WILLIAM F
STREET ADDRESS
5096 EASTWINDS DRIVE
CITY - ST - ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
VD
BRANDEBURG, JOHN
STREET ADDRESS
2406 NORTH AVENUE
CITY - ST - ZIP
LEESBURG FL

TITLE ☐ DELETE

NAME
VD
CYR, LEO
STREET ADDRESS
10425 HAMPSHIRE AVENUE SOUTH
CITY - ST - ZIP
MINNEAPOLIS MN

TITLE ☐ DELETE

NAME
STD
GOLD, ROBERT E
STREET ADDRESS
2528 CLARINET DRIVE
CITY - ST - ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
PD
DENEHY, WILLIAM F
1.3 STREET ADDRESS
5008 EASTWINDS DRIVE
1.4 CITY - ST - ZIP
ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
CYR, LEO M
3.3 STREET ADDRESS
5057 SANDSIDE DRIVE
3.4 CITY - ST - ZIP
GULF BREEZE, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Signature of William F. Denehy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22, 1996 (407) 243-2784
Date Daytime Phone #