

Apr 14 04 12:02p

RONALD A BROWN PA

(863) 299-7589 **FILED** p.2
Apr 16, 2004 08:00 AM
 Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002431	
1. Entity Name WORLD WAKEBOARD ASSOCIATION, INC.	

Principal Place of Business
 116 NESLON ST
 AUBURNDALE, FL 32823

Mailing Address
 P.O. BOX 999
 WINTER HAVEN, FL 33882-0999 US

DO NOT WRITE IN THIS SPACE



04122004 No Chg NP CR2E037 (10/03)

4. FEI Number
 59-3443057

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EMMONS, JIM
 460 N ORLANDO AVE #200
 WINTER PARK, FL 32789

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when resigning)

DATE _____

Filing Fee is \$81.25
 Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REDMON, JIMMY
STREET ADDRESS	526 AIRPORT RD
CITY-ST-ZIP	OCEANSIDE, CA 92054
TITLE	D
NAME	MEDDOCK, LARRY
STREET ADDRESS	8100 S ORANGE AVE.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	EMMONS, JIM
STREET ADDRESS	460 N ORLANDO AVE #200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/16/04-80073-006 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I 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 817, 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.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

VP World Wakeboard Assoc 4/14/04 407-571-4684