

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 FEB 24 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005073 (8)

1. Corporation Name
NEW SMYRNA BEACH SPORTS AUTHORITY, INC.

Principal Place of Business Mailing Address
418 CANAL ST. NEW SMYRNA BEACH FL 32168 **P.O. BOX 1497 NEW SMYRNA BEACH FL 32170**

98-9900
09/08/1997

4. FEI Number Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip	28 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent
**PETERSON, SID C JR
418 CANAL ST.
NEW SMYRNA BEACH FL 32168**

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: *Sid C. Peterson, Jr.* **SID C. PETERSON, JR.** DATE: **2/12/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, MARVIN E JR	
STREET ADDRESS	707 FAIRWAY DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PETERSON, SID C JR	
STREET ADDRESS	4012 SAXON DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAPUTO, DOMINICK	
STREET ADDRESS	813 E. 7TH AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LINTS, RODNEY	
STREET ADDRESS	4378 SEA MIST DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RINGLEHAN, ROBERT	
STREET ADDRESS	2433 LYDIA WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERBERT, GLENN M	
STREET ADDRESS	4170 SAXON DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***297.50 ***297.50

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Sid C. Peterson, Jr.* **SID C. PETERSON, JR.** DATE: **2/12/99** 904-408-2404

CR2E037 (10/97)