


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90011 007 \*\*\*\*61.25

DOCUMENT # N97000005073 1. Entity Name NEW SMYRNA BEACH SPORTS AUTHORITY, INC.	
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Principal Place of Business 418 CANAL ST. NEW SMYRNA BEACH, FL 32168	Mailing Address P.O. BOX 428 NEW SMYRNA BEACH, FL 32170
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01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3465959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, MARVIN E JR 707 FAIRWAY DR. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PETERSON, SID C JR 418 CANAL ST NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPUTO, DOMINICK 813 E. 7TH AVE. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINTS, RODNEY <del>4378 SEAMIST DR.</del> 906 S. Riverside Dr. NEW SMYRNA BEACH, FL <del>32168</del> 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, GLENN M <del>4770 SAXON DR.</del> 503 N. Riverside Dr. NEW SMYRNA BEACH, FL <del>32168</del> Edgewater, Fl. 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROE, TERRY F 1510 SHADOW PINES DR NEW SMYRNA BEACH, FL 32168

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SID C. PETERSON, JR. 1/8/04 386.428.2464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #