


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N97000005073 |  |
| 1. Entity Name NEW SMYRNA BEACH SPORTS AUTHORITY, INC. | |

| | |
|--|---|
| Principal Place of Business 418 CANAL ST. NEW SMYRNA BEACH, FL 32168 | Mailing Address P.O. BOX 428 NEW SMYRNA BEACH, FL 32170 |
|--|---|



01122005 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, 2005

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 906 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HERBERT, GLENN M 503 N. RIVERSIDE DR. EDGEWATER, FL 32132 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROE, TERRY F 1510 SHADOW PINES DR NEW SMYRNA BEACH, FL 32168 |

1100010183923
 01/20/05-80010-001 61.25

DO NOT WRITE 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)(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 use empowered

SIGNATURE:  1/11/05 386-428-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #