


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90255 032 ****61.25

DOCUMENT # N97000005073

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



Principal Place of Business Mailing Address

**418 CANAL ST.
 NEW SMYRNA BEACH, FL 32168** **P.O. BOX 428
 NEW SMYRNA BEACH, FL 32170**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-3465959 Not Applicable

5. Certificate of Status Desired **\$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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARVEY, MARVIN E JR
STREET ADDRESS	707 FAIRWAY DR.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	DPT
NAME	PETERSON, SID C JR
STREET ADDRESS	418 CANAL ST
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	DV
NAME	CAPUTO, DOMINICK
STREET ADDRESS	813 E. 7TH AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	DS
NAME	LINTS, RODNEY
STREET ADDRESS	906 S. RIVERSIDE DR.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	HERBERT, GLENN M
STREET ADDRESS	503 N. RIVERSIDE DR.
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	D
NAME	ROE, TERRY F
STREET ADDRESS	1510 SHADOW PINES DR
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE:  **SID C. PETERSON, JR.** 1/11/06 386-428-2464
Signature and typed or printed name of signing officer or director Date Daytime Phone #