

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P24146 (3)**  
 1. Corporation Name  
**COALITION OF AMERICANS TO PROTECT SPORTS "CAPS" INCORPORATED**



Principal Place of Business <b>200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408</b>	Mailing Address <b>200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5604</b>
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/03/1989</b>		3a. Date of Last Report <b>02/02/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0043645</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>LINCOLN, SHARON M. 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408</b>				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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIDDLE, JOHN			1.2 NAME	CARUSO, ANDY		
STREET ADDRESS	200 CASTLEWOOD DRIVE			1.3 STREET ADDRESS	250 Loggerhead Drive		
CITY-ST-ZIP	NORTH PALM BEACH FL			1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHRISTMAN, ED			2.2 NAME	DAVIS, PHILLIP M, ESQ.		
STREET ADDRESS	2801 RED DOG DRIVE			2.3 STREET ADDRESS	50 Staniford Street, 9th Floor		
CITY-ST-ZIP	KNOXVILLE TN			2.4 CITY-ST-ZIP	Boston, MA 02114		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEALAND, TOM			3.2 NAME	GRANGER, MARK, ESQ.		
STREET ADDRESS	153 W. WARREN			3.3 STREET ADDRESS	250 Summer Street		
CITY-ST-ZIP	GARDEN KS			3.4 CITY-ST-ZIP	Boston, MA 02210		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FAGAN, JOHN, ESQ.			4.2 NAME	SCHARF, RON, ESQ.		
STREET ADDRESS	350 NORTH LAKE BLD #15			4.3 STREET ADDRESS	614 North State Street		
CITY-ST-ZIP	TAHOE CITY CA			4.4 CITY-ST-ZIP	Litchfield, IL 62056		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCELYEA, JIM, ESQ.			5.2 NAME	MCELYEA, JIM, ESQ.		
STREET ADDRESS	8700 W. BRYN MAWR AVE.			5.3 STREET ADDRESS	531 Franklin Avenue		
CITY-ST-ZIP	CHICAGO IL			5.4 CITY-ST-ZIP	River Forest, IL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NALLEY, CARLIN			6.2 NAME	NALLEY, CARLIN		
STREET ADDRESS	5211 CENTER ST			6.3 STREET ADDRESS	631 Kohley Road		
CITY-ST-ZIP	LISLE IL			6.4 CITY-ST-ZIP	Lisle, IL		

14. I do 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 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: \_\_\_\_\_ 1/15/97

CR2E037 (9/96)