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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24146** (3)
1. Corporation Name
**COALITION OF AMERICANS TO PROTECT SPORTS "CAPS"
INCORPORATED**



Principal Place of Business 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408	Mailing Address 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408
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3. Date Incorporated or Qualified

05/03/1989

4. FEI Number

65-0043645

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINCOLN, SHARON M.
200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CARUSO, ANDY	
STREET ADDRESS	250 LOGGERHEAD DR.	
CITY-ST-ZIP	MELBOURNE BCH FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RIDDLE, JOHN	
1.3 STREET ADDRESS	200 CASTLEWOOD DRIVE	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, PHILLIP M. ESQ	
STREET ADDRESS	50 STANIFORD ST., 9TH FLOOR	
CITY-ST-ZIP	BOSTON MA	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTMAN, ED	
2.3 STREET ADDRESS	2801 RED DOG LANE	
2.4 CITY-ST-ZIP	KNOXVILLE, TN	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANGER, MARK ESQ.	
STREET ADDRESS	250 SUMMER ST.	
CITY-ST-ZIP	BOSTON MA	

3.1 TITLE	FAGAN, JOHN, ESQ.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	350 NORTH LAKE BLVD #15	
3.3 STREET ADDRESS	TAHOE CITY, CA	
3.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFF, RON ESQ	
STREET ADDRESS	614 N. STATE ST.	
CITY-ST-ZIP	LITCHFIELD IL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEALAND, TOM	
4.3 STREET ADDRESS	153 W WARREN	
4.4 CITY-ST-ZIP	GARDNER, KS	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MC ELYEA, JIM, ESQ.	
STREET ADDRESS	531 FRANKLIN AVE.	
CITY-ST-ZIP	RIVER FOREST IL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	NALLEY, CARLIN	
STREET ADDRESS	631 KOHLEY RD.	
CITY-ST-ZIP	LISLE IL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

[Signature] REQUIRED

1/26/98

\$61 840 1100

CR2E037 (10/97)