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03-02-1999 90070 033 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24146

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/03/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0043645

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 PD
NAME RIDDLE, JOHN
STREET ADDRESS 200 CASTLEWOOD DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL

☐ DELETE

1.1 TITLE

D

☐ Change ☒ Addition

TITLE D
NAME DAVIS, PHILLIP M. ESQ
STREET ADDRESS 50 STANFORD ST., 9TH FLOOR
CITY-ST-ZIP BOSTON MA

☐ DELETE

2.1 TITLE

D

☐ Change ☒ Addition

TITLE D
NAME GRANGER, MARK ESQ.
STREET ADDRESS 250 SUMMER ST.
CITY-ST-ZIP BOSTON MA

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME WEALAND, TOM
STREET ADDRESS 153 W. WARREN
CITY-ST-ZIP GARDNER KS

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME MC ELYEA, JIM, ESQ.
STREET ADDRESS 531 FRANKLIN AVE.
CITY-ST-ZIP RIVER FOREST IL

☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME NALLEY, CARLIN
STREET ADDRESS 631 KOHLEY RD.
CITY-ST-ZIP LISLE IL

☐ DELETE

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

Daytime Phone #

CR2E037 (11/98)