


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 770634
 1. Entity Name
FAN ASSOCIATION OF NORTH AMERICA, INC.



Principal Place of Business
1011 WEST G STREET
JENKS, OK 74037-2521

Mailing Address
1011 WEST G STREET
JENKS, OK 74037-2521



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2381870	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
DUNN, KAREN L
2640 NE 52TH STREET
POMPANO BEACH, FL 33064

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

01062004 10592
 01062004-20030-005-61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARRIS, BEVERLY 3 SCOTLAND RD BLOOMFIELD, CT 060021113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FREEMAN, RHONDA 1011 WEST G ST. JENKS, OK 74037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WINKLER, TRACY 20103 AVENIDA PAMPLONA CERRITOS, CA 907037643
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DELEO, THOMAS 31 BROOK LANE CORTLANDT MANOR, NY 105676501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELNIKOFF, SANDRA B 473 DOE RUN LANE SPRINGFIELD, PA 190641103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWSON, JEANNE N 920 BENNINGTON DRIVE RALEIGH, NC 276151205

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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 like empowered.

SIGNATURE: *Shondra C. Gorman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04 Date (918) 299-4037 Daytime Phone #