

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003407

FILED
Jun 03, 2006
Secretary of State

Entity Name: NORTH WEST FLORIDA DEFENSIVE PISTOL SHOOTERS INC.

Current Principal Place of Business:

4835 ANTIOCH ROAD
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

4835 ANTIOCH ROAD
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 51-0504727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARSONS, SCOTT
7552 NAVARRE PARKWAY SUITE 2
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINGSLEY, JOHNNY L
Address: 4835 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: V () Delete
Name: BOWLING, WILLIAM
Address: 4835 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: S () Delete
Name: ROBINETTE, MIKE
Address: 4835 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: PARSONS, SCOTT
Address: 4835 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: EVANS, GEORGE
Address: 4835 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HITSON, JOHN
Address: 4535 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY L, KINGSLEY

P

06/03/2006

Electronic Signature of Signing Officer or Director

_____ Date