

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90007 050 \*\*\*\*61.25

**DOCUMENT # N99000001647**

1. Entity Name

**DEFENSIVE SHOOTERS FELLOWSHIP OF WEST  
BROWARD, INC.**



Principal Place of Business

**8855 SW 1ST PLACE  
CORAL SPRINGS FL 33071**

Mailing Address

**8855 SW 1ST PLACE  
CORAL SPRINGS FL 33071**

**24080451**



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0905811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROLL, WILLIAM  
8855 SW 1ST PLACE  
POMPANO BEACH FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 *William Groll*

*William Groll*

*8/18/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPEAR, JACK	
STREET ADDRESS	3660 NW 119 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERKKSON, DOUG	
STREET ADDRESS	1821 N. 50 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROLL, WILLIAM	
STREET ADDRESS	8855 SW 1ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASPRZAK, CHARLES	
STREET ADDRESS	3410 W. HILLSBORO BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNOWINSKI, MARK	
STREET ADDRESS	2800 N. PALMAIRE DR. #409	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**TOM DON DONA - DIRECTOR** ☐ Change ☐ Addition  
**8580 NW 45 ST**  
**CORAL SPRINGS FL 33065**

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: *William Groll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/18/04*

Date

*954*  
*234-8397*

Telephone #