2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9900001647

1. Entity Name

TAMARAC FL 33321

DEFENSIVE SHOOTERS FELLOWSHIP OF WEST BROWARD, I



01-30-2003 90124 014 ****61.25

Secretary of State

FILED

Jan 30, 2003 8:00 am

Principal Place of Business 7009 NORTHWEST 73RD AVENUE

Mailing Address 8855 SW 1ST PLACE POMPANO BEACH FL 33071

30013437

2. Principal Place of Business 3. Mailing Address 8822 SM SAME Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0905811 Applied For SPRINGS Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROLL, WILLIAM Street Address (P.O. Box Number is Not Acceptable)

8855 SW 1ST PLACE POMPANO BEACH FL 33071

City 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.

206 SIGNATURE ILLIAM Signature, typed or printed name of registered agent and title if applicable

Make Check Payable to

9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition SPEAR, JACK NAME NAME 3660 NW 119 AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33323 CITY-ST-ZIF CITY-ST-ZIP VD Delete UICE PRESIDENT TITLE TITLE ☐ Addition KASPRZAK, CHARLES NAME DOUG ERKKSON NAME 3473 PAJLIDIAN CIRCLE STREET ADDRESS STREET ADDRESS 1821 N. 50 AUE CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 3*3*02. HOLLYWOOD Delete TITLE Addition TITLE Change GROLL, WILLIAM NAME NAME 8855 SW 1ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP MATCH DIRECTOR Delete TITLE TITLE Change ☐ Addition SPARKS, ED NAME NAME CHARLES KASPRZAK STREET ADDRESS 7009 NW 73 AVE STREET ADDRESS 3410 W. HULSBORD BLUD CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP deerfield BCH , FL 3307 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SNOWINSKI, MARK NAME NAME 2800 N. PALMAIRE DR. #409 STREET ADDRESS STREET ADDRESS CITY-ST-7IF POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 pure like empowered.

SIGNATURE: