2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 729308

Entity Name: SEMINOLE COUNTY GUN AND ARCHERY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2222
SANFORD, FL 327722222 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2222
SANFORD, FL 327722222 US

New Mailing Address:

FEI Number: 59-2575017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUISE DEVER
480 MYRTLE ST.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

THOMPSON, ROBERT M TD
1790 CARLTON ST.
LONGWOOD, FL 32750 US

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: ROBERT M. THOMPSON 04/28/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	YEAGER, CHUCK	
Address:	107 WINDING RIDGE DR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	VD	( ) Delete
Name:	SLAUSON, HAROLD	
Address:	PO BOX 2222	
City-St-Zip:	SANFORD, FL 32772	
Title:	SD	( ) Delete
Name:	DEVER, LOUISE	
Address:	480 MYRTLE STREET	
City-St-Zip:	SANFORD, FL 32773	
Title:	TD	( ) Delete
Name:	THOMPSON, ROBERT	
Address:	PO BOX 2222	
City-St-Zip:	SANFORD, FL 32772	
Title:	D	( ) Delete
Name:	CHAREST, RAYMOND	
Address:	628 SILVER CREEK DR	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	HARRISON, MARK	
Address:	PO BOX 2222	
City-St-Zip:	SANFORD, FL 32772	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	CHRIS, ORAZONDO	
Address:	PO BOX 2222	
City-St-Zip:	SANFORD, FL 32772	
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 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 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: ROBERT M. THOMPSON TD 04/28/2005
Electronic Signature of Signing Officer or Director — Date