

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702516

Entity Name: LAFAYETTE ARMS INC**Current Principal Place of Business:**2866 NE 30 ST
FT. LAUDERDALE, FL 33306**Current Mailing Address:**2866 NE 30 ST
FT. LAUDERDALE, FL 33306**FEI Number:** 59-0999437**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORRIS, SANDRA
2866 NE 30TH ST
#11
FT. LAUDERDALE, FL 33306 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	NORRIS, SANDRA
Address	2866 NE 30ST
City-State-Zip:	FT. LAUDERDALE FL 33306

Title	S
Name	BINGEL, JIM
Address	2866 NE 30TH ST
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	PRESIDENT
Name	MURPHY, STEPHEN
Address	2866 NE 30 ST #6
City-State-Zip:	FT. LAUDERDALE FL 33306

Title	D
Name	MACKINNON, KAREN DR.
Address	2 HICKORY AVE.
City-State-Zip:	STONEY CREEK ONT.,CANADA L8J2L3

Title	DIRECTOR
Name	MATVICHUK, DARRYL DR.
Address	2866 NE 30 ST #10
City-State-Zip:	FT. LAUDERDALE FL 33306

I hereby 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 all other like empowered.

SIGNATURE: SANDRA NORRIS

TRES.

01/22/2016

Electronic Signature of Signing Officer/Director Detail_____
Date