

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000001155

**Entity Name:** NO WEAPONS PROJECT, INC.

**Current Principal Place of Business:**

2281 SOMERSET RIDGE DR  
BLDG B UNIT 201  
LEHIGH ACRES, FL 33973

**Current Mailing Address:**

PO BOX 51438  
FORT MYERS, FL 33994 US

**FEI Number:** 46-2974155

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL BENNETT SEUSY, P.A.  
203 WEST OAK STREET  
ARCADIA, FL 34266 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 E.D.  
Name CLEMONS, LUTHER  
Address 2281 SOMERSET RIDGE DR  
BUILDING B, #201  
City-State-Zip: LEHIGH ACRES FL 33973

Title D  
Name MACON, RUTH  
Address 2337 EUCLID AVENUE  
City-State-Zip: FORT MYERS FL 33901

Title D  
Name RAMOS, AKINA  
Address 2432 NE 4TH TERRACE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name OYOLA, ELIZABETH  
Address 2223 SE 3RD STREET  
City-State-Zip: FORT MYERS FL 33990

Title D  
Name MACON, JAMES  
Address 2337 EUCLID AVENUE  
City-State-Zip: FORT MYERS FL 33901

Title D  
Name RAMOS, ARTHUR J  
Address 2432 NE 4TH TERRACE  
City-State-Zip: CAPE CORAL FL 33909

*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:** LUTHER J. CLEMONS

**EX. DIRECTOR**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date