

2016 FLORIDA NOT FOR PROFIT CORPORATION 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 CLEMONS

ED

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date