

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001647

Entity Name: DEFENSIVE SHOOTERS FELLOWSHIP OF WEST BROWARD, INC.**FILED**
Feb 01, 2014
Secretary of State
CC6245648206**Current Principal Place of Business:**16292 NW 17 STREET
PEMBROKE PINES, FL 33028**Current Mailing Address:**16292 NW 17 STREET
PEMBROKE PINES, FL 33028 US**FEI Number: 65-0905811****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEV, ROBERT
17101 NW 13 STREET
PEMBROKE PINES, FL 33028 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 LEV****02/01/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LEV, ROBERT MR
Address	1701 NW 13TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028

Title	VP
Name	GALLINA, SEBASTIAN
Address	1650 RIVERWOOD LANE
City-State-Zip:	CORAL SPRINGS FL 33071

Title	TREASURER, SECRETARY
Name	BAHR, LEON MR.
Address	16292 NW 17TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028

Title	MATCH DIRECTOR
Name	KASPRZAK, CHARLES MR.
Address	21577 MILL CREEK PARKWAY
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	WHITE, TOM
Address	1910 NORTH COMMERCE PARKWAY
City-State-Zip:	WESTON FL

Title	DIRECTOR
Name	GARAVUSO, MIKE
Address	18892 LACOSTA LANE
City-State-Zip:	BOCA RATON FL 33496

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: ROBERT LEV**PRESIDENT****02/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date