

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90037 013 \*\*\*\*70.00

**DOCUMENT # 723403**

1. Entity Name  
**NORTH FLORIDA ARMS COLLECTORS ASSOCIATION, INC.**



Principal Place of Business  
**873 N US HWY 17  
YULEE, FL 32097**

Mailing Address  
**PO BOX 874  
YULEE, FL 32041**

**50015938**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-1874709**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARD, WARREN  
873 N US HWY 17  
YULEE, FL 32097**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHARD, WARREN	
STREET ADDRESS	873 N US HWY 17	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FLICK, WILLIAM J	
STREET ADDRESS	614 MIRAMAR LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRADY, DAN	
STREET ADDRESS	4471. LOVELAND PASS DR E	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WAYNE, BOBBY	
STREET ADDRESS	13 LYNCH DR	
CITY-ST-ZIP	KINGSLAND, GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J. FLICK	
STREET ADDRESS	614 MIRAMAR LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. DAN GRADY	
STREET ADDRESS	8102 BIRDS FOOT LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BLAKELY	
STREET ADDRESS	230 N. BLVD. EAST	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY BANGLE	
STREET ADDRESS	6277 ARTHUR DURHAM DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN (JACK) KIEDROWSKI, JR.	
STREET ADDRESS	7370 WOODWARD ROAD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE SALE	
STREET ADDRESS	897 CATHY TRIPP LANE, SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William J. Flick* William J. Flick

Date

2/8/05 904/222-2035

Daytime Phone #