2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

7370 WOODWARD ROAD

JACKSONVILLE, FL 32220

SALE, BRUCE

STREET ADDRESS 897 CATHY TRIPP LANE SOUTH

SAINT AUGUSTINE, FL 32092

FILED Mar 03, 2006 8:00 am Secretary of State

Change

Addition

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1. Entity Name	ENT #723403 ORIDA ARMS COLLECTO	PRS ASSOCIATION,		KeN	Secretary of State 03-03-2006 90098 008 ****70.00			
Principal Place of Business 873 N US HWY 17 YULEE, FL 32097		Mailing Address PO BOX 874 YULEE, FL 32041						
2. Principal Place 10309 Suite, Apt. #, 6	IOWA AVENUE	3. Mailing Address 10309 IOWA AYENUE Suite, Apt. #, etc.			02072006 Chg-NP CR2E037 (11/05)			
City & State JACK SONY ILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-187470		Applied For Not Applicable	le	
Zip 32219	Country	Zip 32219	Country	5. Certificate of S		8.75 Additional se Required	_	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	iress of New Registered Ag	ent	\neg	
	·	rūn v rī	Name	00050			=	
CHARD, WA				COOPER, WAYNE				
873 N US HV			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
YULEE, FL 3	32097							
	:		10309 IOWA AVENUE					
			City	City JACKSONVILLE FL Zip Code				
, J				- 32213				
	imed entity submits this statement for	the purpose of changing its re-	gistered office or rep	gistered agent, or both, in	the State of Florida. I am far	miliar with, and accep	ot	
the obligation	is of registered agent.							
(1) / ann								
SIGNATURE / C Wayne (Water				2-14-06				
Signature, typed out rated name of registered aborit and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
					1			
Filing Fee is \$61.25								
D	-	9. Election Campa		\$5.00 May Be	Make check (. •		
10.	lling Fee is \$61.25 ue by May 1, 2006	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make check Florida Departs	. •		
10.	-	Trust Fund Con		Added to Fees		nent of State		
	ue by May 1, 2006 OFFICERS AND DIR	Trust Fund Con	ntribution.	Added to Fees ADDITIONS/CHANG	Florida Departs	ectors in 10	- - -	
TITLE S	OFFICERS AND DIR	Trust Fund Con	11.	Added to Fees ADDITIONS/CHANG	Florida Departn	nent of State CTORS IN 10 Change	- A	
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NAME F STREET ADDRESS 6 CITY-ST-ZIP P	OFFICERS AND DIR OFFICERS AND DIR CLICK, WILLIAM J 114 MIRAMAR LANE ONTE VEDRA BEACH, FL 320	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZP	Added to Fees ADDITIONS/CHANG T SALE BRU 897 CATHY JACKSONYIL	Florida Department of the control of	TOTORS IN 10 Change Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 eath; 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.

STREET ADDRESS

STREET ADDRESS

CTTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

ATTACHMENT 40023069

North Florida Arms Collectors Association, Inc.

614 Miramar Lane Ponte Vedra Beach, FL 32082

February 26, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Subject: Not-For-Profit Annual Report

Re: Document # 723403

Dear Sir or Madam:

Enclosed is the Annual Report for the North Florida Arms Collectors Association and a check in the amount of \$70.00 payable to the Florida Department of State.

The amount of the check is based upon an annual filing fee of \$61.25 plus \$8.75 for a State of Florida certificate reflecting our status as a Not-For-Profit Corporation.

Following your review of our Annual Report, if there are any questions or matters that require additional information, please contact me.

Sincerely,

William J. Flick, Secretary