


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2006 90098 008 \*\*\*\*70.00

<b>DOCUMENT # 723403</b> 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		
2. Principal Place of Business <b>10309 IOWA AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>10309 IOWA AVENUE</b> Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>		4. FEI Number <b>59-1874709</b>	
Zip <b>32219</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHARD, WARREN</b> <b>873 N US HWY 17</b> <b>YULEE, FL 32097</b>			7. Name and Address of New Registered Agent Name <b>COOPER, WAYNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>10309 IOWA AVENUE</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32219</b>		
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 <u><i>Wayne Cooper</i></u> DATE <u>2-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FLICK, WILLIAM J</b> <b>614 MIRAMAR LANE</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SALE, BRUCE</b> <b>897 CATHY TRIPP LANE SOUTH</b> <b>JACKSONVILLE, FL 32220</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRADY, REV. DAN</b> <b>8102 BIRDS FOOT LANE</b> <b>MACCLENNY, FL 32063</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHARD, WARREN</b> <b>873 N. US HIGHWAY 17</b> <b>YULEE, FL 32097</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BLAKELY, JOHN</b> <b>230 N. BLVD EAST</b> <b>MACCLENNY, FL 32063</b> <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANGLE, GARY</b> <b>6277 ARTHUR DURHAM DRIVE</b> <b>JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIEDROWSKI, JOHN JR.</b> <b>7370 WOODWARD ROAD</b> <b>SAINT AUGUSTINE, FL 32092</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALE, BRUCE</b> <b>897 CATHY TRIPP LANE SOUTH</b> <b>JACKSONVILLE, FL 32220</b> <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u><i>William J. Flick</i></u> <b>William J. Flick</b> <u>2/14/2006</u> <u>904-249-7995</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40023069

# 723403

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