


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90011 030 ****70.00

DOCUMENT # 723403 1. Entity Name NORTH FLORIDA ARMS COLLECTORS ASSOCIATION, INC.					
Principal Place of Business 10309 IOWA AVE JACKSONVILLE, FL 32219			Mailing Address 10309 IOWA AVE JACKSONVILLE, FL 32219		
2. Principal Place of Business - No P.O. Box # 614 MIRAMAR LANE Suite, Apt. #, etc.		3. Mailing Address 614 MIRAMAR LANE Suite, Apt. #, etc.			
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL		4. FEI Number 59-1874709	
Zip 32082		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, WAYNE 10309 IOWA AVE JACKSONVILLE, FL 32219			7. Name and Address of New Registered Agent Name BRADY, REV. DANNY Street Address (P.O. Box Number is Not Acceptable) 8102 BIRDS FOOT LANE City JACKSONVILLE FL Zip Code 32210		
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>Danny R. Brady</i></u> Danny R. Brady, President, 3/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALE, BRUCE <input type="checkbox"/> Delete 897 CATHY TRIPP LN S JACKSONVILLE, FL 32220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADY, REV. DAN <input checked="" type="checkbox"/> Delete 8102 BIRDS FOOT LANE MACCLENNY, FL 32063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, WAYNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6645 ELVIN STARLING ROAD MACCLENNY, FL 32063-9762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARD, WARREN <input checked="" type="checkbox"/> Delete 873 N US HWY 17 YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, DAVID C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 211 CHASE COURT N. ST. MARYS, GA 31558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANGLE, GARY <input checked="" type="checkbox"/> Delete 6277 ARTHUR DURHAM DRIVE JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7820 BAYMEADOWS RD. E., APT. 1234 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEDROWSKI, JOHN JR. <input type="checkbox"/> Delete 7370 WOODWARD ROAD SAINT AUGUSTINE, FL 32092		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLICK, WILLIAM J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 614 MIRAMAR LANE PONTE VEDRA BEACH, FL 32082	
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> WILLIAM J. FLICK, SECRETARY 3/10/07 904-265-3366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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