2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90120 045 ****70.00

DOCUMENT # 723403

1. Entity Name

NORTH FLORIDA ARMS COLLECTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
614 MIRAMAR LANE PONTE VEDRA BEACH FL 32082	614 MIRAMAR LANE PONTE VEDRA BEACH FL 32082

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1874709 ☐ Applied For ☐ Not Applicable

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
BRADY, REY D 8102 BIRDS FOOT LANE JACKSONVILLE FL 32210	Name: FLICK, WILLIAM J Street Address (P.O. Box Number is Not Acceptable): 614 MIRAMAR LANE City: PONTE VEDRA Beach FL Zip Code: 32082

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: William J. Flick William J. Flick, President NFACA 4/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SALE, BRUCE 897 CATHY TRIPP LN S JACKSONVILLE FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COOPER, WAYNE 6645 ELVIN STARLING ROAD MACCLENNY FL 32063-9762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MILLER, DONALD D 7820 BAYMEADOWS RD E. APT 1234 JACKSONVILLE, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RILEY, DAVID C 211 CHASE COURT N SAINT MARYS GA 31558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DONALD D 7820 BAYMEADOWS RD E APT 1234 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition William A Russ 2061 ST MARTINS Dr W JACKSONVILLE, FL 32246
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEDROWSKI, JOHN JR. 7370 WOODWARD ROAD SAINT AUGUSTINE FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition JAMES MANGLES 623 BILLINGSGATE LN E. JACKSONVILLE, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLICK, WILLIAM J 614 MIRAMAR LANE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition JOHN GRAVENOR 219 LOWER HOPKINS ST NEPTUNE BEACH, FL 32266

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John C Gravenor JOHN GRAVENOR 4/10/08 904-591-9466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #