

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723403

FILED
Feb 07, 2009
Secretary of State

Entity Name: NORTH FLORIDA ARMS COLLECTORS ASSOCIATION, INC.

Current Principal Place of Business:

614 MIRAMAR LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

614 MIRAMAR LANE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-1874709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLICK, WILLIAM J
614 MIRAMAR LANE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SALE, BRUCE
Address: 897 CATHY TRIPP LN S
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP () Delete
Name: MILLER, DONALD D
Address: 7820 BAYMEADOWS RD E APT 1234
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: RILEY, DAVID C
Address: 211 CHASE COURT N
City-St-Zip: SAINT MARYS, GA 31558

Title: D () Delete
Name: RUSS, WILLIAM A
Address: 2061 ST. MARTINS DR W.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MANGLES, JAMES
Address: 623 BILLINGSGATE LN E
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: GRAVENOR, JOHN
Address: 219 LOWER HOPKINS ST
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. FLICK

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

Date