

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729308

FILED
Apr 25, 2006
Secretary of State

Entity Name: SEMINOLE COUNTY GUN AND ARCHERY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2222
SANFORD, FL 327722222 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2222
SANFORD, FL 327722222 US

New Mailing Address:

FEI Number: 59-2575017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ROBERT M TD
1790 CARLTON ST.
LONGWOOD, FL 32750 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: PD () Delete
Name: YEAGER, CHUCK
Address: 107 WINDING RIDGE DR.
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: SLAUSON, HAROLD
Address: PO BOX 2222
City-St-Zip: SANFORD, FL 32772

Title: SD () Delete
Name: CHRIS, ORAZONDO
Address: PO BOX 2222
City-St-Zip: SANFORD, FL 32772

Title: TD () Delete
Name: THOMPSON, ROBERT
Address: PO BOX 2222
City-St-Zip: SANFORD, FL 32772

Title: D () Delete
Name: CHAREST, RAYMOND
Address: 628 SILVER CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: HARRISON, MARK
Address: PO BOX 2222
City-St-Zip: SANFORD, FL 32772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CHAREST, RAMOND
Address: 628 SILVER CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

Title: D (X) Change () Addition
Name: ROTHWELL, RONALD
Address: P. O. BOX 2222
City-St-Zip: SANFORD, FL 32772

Title: D (X) Change () Addition
Name: SANTOS, RAMON
Address: PO BOX 2222
City-St-Zip: SANFORD, FL 32772

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. THOMPSON

TD

04/25/2006

Electronic Signature of Signing Officer or Director

Date