

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 733958

1. Entity Name
NATIONAL ASSOCIATION OF DEFENSIVE ARTS AND
SCIENCES, INC.



Principal Place of Business
675 RIVERSIDE DR.
ORMOND BEACH, FL 32176-7879

Mailing Address
675 RIVERSIDE DR.
ORMOND BEACH, FL 32176-7879

FILED
Jul 12, 2004 08:00 AM
Secretary of State



07042004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2948835

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HORAN, RUTH
675 RIVERSIDE DRIVE
ORMOND BEACH, FL

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HORAN, RUTH
STREET ADDRESS 675 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH, FL 00000,

TITLE SD
NAME OSSINSKY, LOUIS JR
STREET ADDRESS 924 PENINSULA DR
CITY-ST-ZIP ORMOND BEACH, FL 00000,

TITLE TD
NAME HORAN, RUTH
STREET ADDRESS 675 RIVERSIDE DR.
CITY-ST-ZIP ORMOND BEACH, FL

TITLE DV
NAME DEMMING, JAMES
STREET ADDRESS 530 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BCH, FL 32176,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000185509
07/12/04-80016-016 61.25

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/04 386-672-3251
Date Daytime Phone #