

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 733958

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



FILED
May 31, 2005 08:00 AM
Secretary of State

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



02162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2948835 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2005

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

UD00000368520
05/31/05-80004-015 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: *Ruth Horan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 *386-672-3251*
Date Daytime Phone #