

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733958

FILED  
Apr 26, 2006  
Secretary of State

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

**Current Principal Place of Business:**

675 RIVERSIDE DR.  
ORMOND BEACH, FL 321767879

**New Principal Place of Business:**

**Current Mailing Address:**

675 RIVERSIDE DR.  
ORMOND BEACH, FL 321767879

**New Mailing Address:**

**FEI Number:** 59-2948835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORAN, RUTH  
675 RIVERSIDE DRIVE  
ORMOND BEACH, FL 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: HORAN, RUTH,  
Address: 675 RIVERSIDE DR  
City-St-Zip: ORMOND BEACH, FL 00000,

Title: SD ( ) Delete  
Name: OSSINSKY, LOUIS JR,  
Address: 924 PENINSULA DR  
City-St-Zip: ORMOND BEACH, FL 00000,

Title: TD ( ) Delete  
Name: HORAN, RUTH,  
Address: 675 RIVERSIDE DR.  
City-St-Zip: ORMOND BEACH, FL

Title: DV ( ) Delete  
Name: DEMMING, JAMES,  
Address: 530 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BCH, FL 32176,

**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  
Name:  
Address:  
City-St-Zip:

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: RUTH HORAN

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date