

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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**



03272008 No Chg-NP CR2E037 (4/06)

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

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000875973
04/11/08-80055-001 61.25

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **Ruth Horan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08
Date

386-672-3257
Daytime Phone