

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733958

FILED
Mar 20, 2009
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:

HORAN, RUTH
675 RIVERSIDE DRIVE
ORMOND BEACH, FL 321767879 US

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: RUTH HORAN

03/20/2009

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: PD (X) Change () Addition
Name: HORAN, RUTH,
Address: 675 RIVERSIDE DR
City-St-Zip: ORMOND BEACH,, FL 321767879 US

Title: SD (X) Change () Addition
Name: OSSINSKY, LOUIS JR,
Address: 924 PENINSULA DR
City-St-Zip: ORMOND BEACH,, FL 321767879 US

Title: TD (X) Change () Addition
Name: HORAN, RUTH,
Address: 675 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: DV (X) Change () Addition
Name: DEMMING, JAMES,
Address: 160 WINDWARD CIRCLE
City-St-Zip: ORMOND BCH, FL 32176, FL 32176

I hereby certify that the information supplied with this filing does not qualify 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

03/20/2009

Electronic Signature of Signing Officer or Director

Date