2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736204

FILED Apr 20, 2007 Secretary of State

Entity Name: FLORIDA SKEET ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
C/O B. MURRAY TUCKER, JR. P.O. BOX 492810 LEESBURG, FL 347492810			400 CR 468	C/O B. MURRAY TUCKER, JR.	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
P.O. BOX	JRRAY TUCKE 492810 G, FL 347492				
FEI Number:	: 59-2870307	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
6870 SUN LEESBUR	CHARLES NYSIDE DR G, FL 34748	US	rnose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the pu	rpose of onlinging its registere	a omice of registered agent, or both,	
SIGNATU					
	Electror	nic Signature of Registered Agen	t	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () JONES, TOM 6530 TUSCAW LEESBURG, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () TUCKER JR, B P.O. BOX 4928 LEESBURG, FI	10	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LAUSE, TOM 19680 NORTH ALVA, FL 3392		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () TUCKER, CHAI 6870 SUNNYSI LEESBURG, FI	DE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FERTIG, WILLI 352 COLLEGE MIDDLEBURG,	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KETH, KEN 517 WHISPER LONGWOOD, I		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: B. MURRAY TUCKER, JR. ST 04/20/2007