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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90136 014 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004302

1. Corporation Name

THE NRA FOUNDATION, INC.

Principal Place of Business

11250 WAPLES MILL RD
OFFICE OF GENERAL COUNSEL
FAIRFAX VA 22030
US

Mailing Address

11250 WAPLES MILL RD
OFFICE OF GENERAL COUNSEL
FAIRFAX VA 22030
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

09/21/1993

4. FEI Number

52-1710886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAMMOND, ALFRED L III
8028 NW 156TH AVE.
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FROMAN, SANDRA**
STREET ADDRESS **1 SOUTH CHURCH AVENUE, SUITE 1500**
CITY-ST-ZIP **TUCSON AZ 85701-1612**

TITLE **T** ☐ DELETE
NAME **PHILLIPS, WILSON H JR**
STREET ADDRESS **11250 WAPLES MILL RD**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **S** ☐ DELETE
NAME **ELKIN, SANDY**
STREET ADDRESS **11250 WAPLES MILL RD**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **D** ☒ DELETE
NAME **OLSON, JOSEPH E**
STREET ADDRESS **1536 WEST HEWITT AVENUE**
CITY-ST-ZIP **ST. PAUL MN 55104**

TITLE **MD** ☐ DELETE
NAME **SHEETS, H. WAYNE**
STREET ADDRESS **11250 WAPLES MILL RD**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **D** ☒ DELETE
NAME **CARONE, RICHARD L**
STREET ADDRESS **205 EAST CARILLO**
CITY-ST-ZIP **SANTA BARBARA CA 93101**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Trustee**
4.3 STREET ADDRESS **Allan Cors**
4.4 CITY-ST-ZIP **7413 Georgetown Court**
McLean, VA 22102

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Trustee**
6.3 STREET ADDRESS **David Oliver**
6.4 CITY-ST-ZIP **16537 Winter Leaf Drive**
Wildwood, MO 63011-1824

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILSON H. PHILLIPS JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILSON H. PHILLIPS JR.

Date

2-17-99

703 267 1070

Daytime Phone #

CR2E037 (1/98)