


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01930 (9)**  
1. Corporation Name  
**CENTRAL FLORIDA PRACTICAL SHOOTING ASSOCIATION, INC.**



Principal Place of Business  
**6823 THOUSAND OAKS RD  
ORLANDO FL 32818  
US**

Mailing Address  
**P O BOX 680751  
ORLANDO FL 32868  
US**

3. Date Incorporated or Qualified  
**03/13/1984**

4. FEI Number  
**59-2385227**

Applied For  
☐ Yes ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>P.O. Box 113</b>
City & State	City & State
23	28 <b>New Smyrna Bch., FL</b>
Zip	Zip
24	29 <b>32168</b>
Country	Country
25	30 <b>Volusia</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHREY, CHARLES  
6823 THOUSAND OAKS RD  
ORLANDO FL 32828**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMARA, TOM	1.2 NAME	Powell Greg
STREET ADDRESS	6540 HAUGHTON LANE	1.3 STREET ADDRESS	5703 FERNHILL DR.
CITY-ST-ZIP	ORLANDO FL 32836	1.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, GREG	2.2 NAME	HUMPHREY CHARLES
STREET ADDRESS	5703 FERNHILL DR.	2.3 STREET ADDRESS	6823 THOUSAND OAKS RD.
CITY-ST-ZIP	ORLANDO FL 32808	2.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	DTs <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DTs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, CHARLES	3.2 NAME	DEWAR ROBERT
STREET ADDRESS	6823 THOUSAND OAKS RD	3.3 STREET ADDRESS	512 CANAL ST.
CITY-ST-ZIP	ORLANDO FL 32818	3.4 CITY-ST-ZIP	NEW SMYRNA BCH FL 32168
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert Dewar* Sec. / Tre 2/10/89 904-428-3331

CR25037 (10/97)