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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N01930

1. Corporation Name

CENTRAL FLORIDA PRACTICAL SHOOTING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6823 THOUSAND OAKS RD ORLANDO FL 32818 US	P O BOX 113 NEW SMYRNA BEACH FL 32168 US

2. Principal Place of Business 21 617 Valencia Place Suite, Apt. #, etc. 22 City & State 23 Orlando, FL. Zip 24 32825 Country 25 USA	2a. Mailing Address 26 617 Valencia Place Suite, Apt. #, etc. 27 City & State 28 Orlando, FL. Zip 29 32825 Country 30 USA.	3. Date Incorporated or Qualified 03/13/1984 4. FEI Number 59-2385227 ☐ 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

HUMPHREY, CHARLES
6823 THOUSAND OAKS RD
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name: Patrick A. Battistello
82 Street Address (P.O. Box Number Is Not Acceptable): 617 Valencia Place
83:
84 City: Orlando FL 85 Zip Code: 32825

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 _____ 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	D President	☒ Change ☒ Addition
NAME	POWELL, REG		1.2 NAME	Patrick A. Battistello	
STREET ADDRESS	5703 FERN HILL DR		1.3 STREET ADDRESS	617 Valencia Place Circle	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	DVP	☒ DELETE	2.1 TITLE	D Vice-President	☒ Change ☒ Addition
NAME	HUMPHREY, CHARLES		2.2 NAME	Paul Whitacre	
STREET ADDRESS	6823 THOUSAND OAKS RD		2.3 STREET ADDRESS	2475 Lakeway Branch Dr.	
CITY-ST-ZIP	ORLANDO FL 32818		2.4 CITY-ST-ZIP	Orlando, FL. 32839	
TITLE	DTS	☒ DELETE	3.1 TITLE	D Secretary/Treasur	☒ Change ☒ Addition
NAME	DEWAR, ROBERT		3.2 NAME	Valerie Battistello	
STREET ADDRESS	512 CANAL ST		3.3 STREET ADDRESS	617 Valencia Place	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		3.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE		☐ DELETE	4.1 TITLE		☒ Change ☒ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ~~SIGNATURE REQUIRED~~ Patrick Battistello 1/25/99 (407) 381-8273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #