## <sup>2004</sup> NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N03000009991**

1. Entity Name
WALTON COUNTY SPORTSMAN'S ASSOC. INC.



FILED Feb 11, 2004 8:00 am Secretary of State 02-11-2004 90040 026 \*\*\*\*61.25

Principal Place 955 SMITH R DEFUNIAK SP		Mailing Address 955 SMITH ROAD DEFUNIAK SPRINGS, FL 32433				94014275				
2. Principal Pl	ace of Business	3. Mailing Address							IŅI UI IARI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	01062004 Chg-NP CR2E037 (10/03)				
City & State		City & State			4 FEL Number	21956	3	<u>-</u>	olied For Applicable	
Zip	Country	Zip Co		untry	5. Certificate of		_ \$8	3.75 Addi e Required	tional	
	6. Name and Address of Current	1		7. Name and A	ddress of New F	Registered Ag	ent .			
V. Haine and Address of Content Hoggarottal Agent				Name	,					
GOTTLEIB	, RON			· .						
955 SMITH ROAD				Street Addre	eet Address (P.O. Box Number is Not Acceptable)					
DEFUNIAR	SPRINGS, FL 32433				•		A			
				City			FL	Zip Code	•	
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Camp Trust Fund Cor					\$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHAI	NGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TIFLE	DP	☐ Delete	TITL	.E				Change	☐ Addition	
NAME	GOTTLEIB, RON		NAM	AE .						
STREET ADDRESS	955 SMITH ROAD			EET ADORESS						
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433			Y-ST-ZIP						
TITLE	DV	☐ Delete	TITE	I .			[	_ Change	Addition	
NAME	IRVINE, JOHNNY		NAM	ı						
STREET ADDRESS CITY-ST-ZIP	955 SMITH ROAD	,		EET ADDRESS Y-ST-ZIP						
	DEFUNIAK SPRINGS, FL 3243			<del></del>	•			7 0	T Addition	
TITLE	DS ROCKMAN, DEBBIE	☐ Delete	TITL NAM	1			Ł	Change	Addition	
NAME STREET ADDRESS	955 SMITH ROAD			REET ADDRESS						
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 3243	3		Y-ST-ZIP						
TITLE -	T ;	- □ Delete -	TITE	ie .				7.Change	, Addition	
NAME	THOMAS, GWIZN	Dinderes	NAS	[			- 1.		,	
STREET ADDRESS	955 SMITH ROAD		STR	REET ADORESS						
City-St-ZIP	DEFUNIAK SPRINGS, FL 3243	3	CIT	Y-ST-ZIP						
TITLE		☐ Delete	TITE	LE			[	Change	Addition	
NAME			NA	ME						
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP			CIT	Y-ST-ZIP						
TITLE		☐ Delete	TITE	LE			. [	Change	☐ Addition	
NAME			NAI							
STREET ADDRESS				REET ADDRESS					•	
CITY-ST-ZIP				Y-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information										

indicated on this report by supplemental 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 veceiver or flystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: