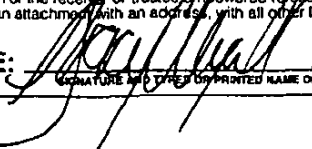


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-18-2005 90297 028 ****61.25

DOCUMENT # N04000004995					
1. Entity Name NORTH FLORIDA SCHOOL OF AIKIDO, INC.					
Principal Place of Business 1127 W ORANGE AVE TALLAHASSEE, FL 32308			Mailing Address 1127 W ORANGE AVE TALLAHASSEE, FL 32308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2821154	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOORE, RICHARD W 2011 DELTA BLVD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 state if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WUJCIK, TRACY		NAME		
STREET ADDRESS	913 ALLIGOOD CT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MOORE, RICHARD		NAME		
STREET ADDRESS	211 RHODEN COVE RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or 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 receiver or trustee 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: 		D. Tracy Wujcik		4-18-05 850-570-5155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00013310



04142005 Chg-NP CR2E037 (10/03)