

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004995	
1. Entity Name NORTH FLORIDA SCHOOL OF AIKIDO, INC.	

Principal Place of Business 1127 W ORANGE AVE TALLAHASSEE, FL 32308	Mailing Address 913 ALLIGOOD CT TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2881154	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, RICHARD W 913 ALLIGOOD CT TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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.

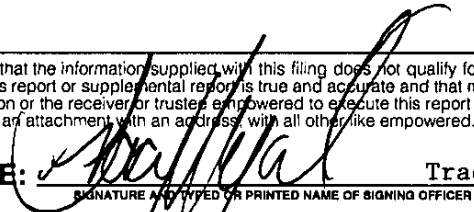
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000598664 01/24/07-80085-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WUJCIK, TRACY 913 ALLIGOOD CT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RICHARD 211 RHODEN COVE RD TALLAHASSEE, FL 32310
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Tracy W. Wujcik	1-19-07	(850) 570-9155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #