



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90047 013 \*\*\*\*61.25

<b>DOCUMENT # N04000004995</b> 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		
2. Principal Place of Business - No P.O. Box # <b>8808 Bull Headley Rd</b>		3. Mailing Address <b>8808 Bull Headley Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>20-2881154</b>	
Zip <b>32312-9079</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32312-9079</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent  <b>MOORE, RICHARD W</b> <b>913 ALLIGOOD CT</b> <b>TALLAHASSEE, FL 32303</b>	
7. Name and Address of New Registered Agent Name <b>Tracy W. Wujcik</b> Street Address (P.O. Box Number is Not Acceptable) <b>8808 Bull Headley Rd</b> City <b>Tallahassee</b> <b>FL</b> <b>32312-9079</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WUJCIK, TRACY 913 ALLIGOOD CT TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Wujcik, Tracy W. 8808 Bull Headley Rd Tallahassee, FL 32312-9079	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, RICHARD 211 RHODEN COVE RD TALLAHASSEE, FL 32310		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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.					
<b>SIGNATURE:</b> 			<b>Tracy W. Wujcik</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>4-22-08</b> <small>Daytime Phone #</small> <b>(850) 570-9155</b>		