2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2008
Secretary of State

DOCUMENT# N07000005989

Entity Name: TREASURE COAST PRACTICAL SHOOTING ASSOCIATION, INC.

Current Principal Place of Business:

3050 SE WAKE RD.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

3050 SE WAKE RD.
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 26-0383452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FATH, MARCUS
3050 SE WAKE RD
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FATH, MARCUS	
Address:	3050 SE WAKE RD.	
City-St-Zip:	PORT ST. LUCIE, FL 34984	
Title:	VP	( ) Delete
Name:	LACASSE, JAMES	
Address:	9467 BIRMINGHAM DR.	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	SECR	( ) Delete
Name:	KELLER, ROBERT	
Address:	42 DUNBAR DR.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	TRES	( ) Delete
Name:	BERNAL, ROLAND	
Address:	5803 NW ROSE PETAL CT.	
City-St-Zip:	PORT ST. LUCIE, FL 34986	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND BERNAL TRES 03/23/2008

Electronic Signature of Signing Officer or Director — Date