

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2005
Secretary of State**

DOCUMENT# N09611

Entity Name: FLORIDA FIREARMS AND SHOOTING FOUNDATION, INC.

Current Principal Place of Business:

% RONALD D. SHULTZ
2000 LASSO LANE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

% RONALD D. SHULTZ
2000 LASSO LANE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2258200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUCHTON, DAVID M.
811 E MAIN ST
LAKELAND, FL 33802 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: D () Delete
Name: TOUCHTON, DAVID M.
Address: 811 E MAIN ST
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: LYON, EUGENE L.
Address: 904 HIGHLAND DR E
City-St-Zip: LAKELAND, FL

Title: DST () Delete
Name: NUTTER, JOHN,
Address: 1610 REYNOLDS RD LOT 176
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: ROACH, RICK,
Address: 2612 COVENTRY
City-St-Zip: LAKELAND, FL 33803

Title: P () Delete
Name: DRY, JAMES R,
Address: 606 LAUREL LANE
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: KERSEY, JOHN,
Address: 4710 LUCE RD
City-St-Zip: LAKELAND, FL 33813

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:

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 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 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: JAMES R DRY

P

01/19/2005

Electronic Signature of Signing Officer or Director

Date