

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90202 003 ****61.25

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DOCUMENT # N16519

1. Corporation Name

FLORIDA SPORT SHOOTING ASSOCIATION, INC.

Principal Place of Business
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US

Mailing Address
PO BOX 8906
JACKSONVILLE FL 32239-0906
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/26/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2731767

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARGAS, CLARK
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **HUX, WILL**
STREET ADDRESS **2045 GILMORE STREET X** Change Addr.
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5030 Old Kings Rd NW**
1.4 CITY-ST-ZIP **Jacksonville, FL 32254-1184**

TITLE **SD** ☒ DELETE
NAME **WELHBURG, ALBERT DR.**
STREET ADDRESS **6920 S W 28TH WAY**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Nigg, Herbert**
2.3 STREET ADDRESS **700 Experiment Station Rd.**
2.4 CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE **VP** ☒ DELETE
NAME **EVANS, MARK**
STREET ADDRESS **1390 ELMBANK WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Pitts, Gene**
3.3 STREET ADDRESS **4375 274th St., East**
3.4 CITY-ST-ZIP **Myakka City, FL 34251**

TITLE **PD** ☐ DELETE
NAME **VARGAS, CLARK**
STREET ADDRESS **4524 JULINGTON CREEK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/1/99

(904) 725-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)