2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90040 009 ****61.25

DOCUMENT # N16519

1. Entity Name
FLORIDA SPORT SHOOTING ASSOCIATION, INC.

94041C05

Principal Place of Business	Mailing Address
4923 SUNNYBROOK DR 24 NEW PORT RICHEY, FL 34653 US	4923 SUNNYBROOK DR 24 NEW PORT RICHEY, FL 34653 US

02192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5921 Black Thorn Road	5921 Black Thorn Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, FL	Jacksonville, FL
Zip 32244 Country USA	Zip 32244 Country USA

4. FEI Number 59-2731767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DECOSTA, JOSEPH M 4923 SUNNYBROOK DR 24 NEW PORT RICHEY, FL 34653	Name: Thomas Brusherd Street Address (P.O. Box Number is Not Acceptable): 5921 Black Thorn Road City: Jacksonville FL Zip Code: 32244

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 _____ Feb 27, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DART, ALBERT 5915 VIKING ROAD ORLANDO, FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANGFIELD, MICHAEL 2121 PIMLICO ST ORLANDO, FL 328228312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DECOSTA, JOE 4923 SUNNYBROOK DR NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRUSHERD, THOMAS 5921 BLACK THORN RD JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NIGG, HERBERT N. 700 S. ILAKEE AVENUE LAKE ALFRED, FL 33850	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PITTS, GENE 4375 274th STREET EAST MYAKKA CITY, FL 34251	☐ Change ☒ Addition

12. 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 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: _____ Feb 27, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #