2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT #N16519

1. Entity Name
FLORIDA SPORT SHOOTING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5921 BLACK THORN ROAD JACKSONVILLE, FL 32244 US	5921 BLACK THORN ROAD 24 JACKSONVILLE, FL 32244 US

01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

BRUSHERD, THOMAS
5921 BLACK THORN ROAD
JACKSONVILLE, FL 32244

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

Filing Fee is $61.25
Due by May 1, 2005

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

U00000237697
02/21/05-80067-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LANGFIELD, MICHAEL
STREET ADDRESS	2121 PIMLICO ST
CITY-ST-ZIP	ORLANDO, FL 328228312
TITLE	TD
NAME	BRUSHERD, THOMAS
STREET ADDRESS	5921 BLACK THORN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	P
NAME	NIGG, HERBERT N
STREET ADDRESS	700 S. ILAKEE AVENUE
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	VP
NAME	PITTS, GENE
STREET ADDRESS	4375 274TH STREET EAST
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: T. Brusherd 2/13/05 904 778-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #