

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 008 ****61.25

DOCUMENT # N16519 1. Entity Name FLORIDA SPORT SHOOTING ASSOCIATION, INC.					
Principal Place of Business 5921 BLACK THORN ROAD JACKSONVILLE, FL 32244 US				Mailing Address 5921 BLACK THORN ROAD 24 JACKSONVILLE, FL 32244 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2731767	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUSERD, THOMAS 5921 BLACK THORN ROAD JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name MYERS, ERNEST J. Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE., SUITE 1250 City ORLANDO FL Zip Code 32801	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/2/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	SD LANGFIELD, MICHAEL 2121 PIMLICO ST ORLANDO, FL 328228312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUSERD, THOMAS 5921 BLACK THORN RD JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYERS, ERNEST J 2713 TRYON PLACE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORD, MICHAEL 10151 UNIVERSITY BLVD., 336 ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, JAMES M. 437 AMETHYST WAY LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, ERNEST J. 255 S. ORANGE AVE., SUITE 1250 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, JAMES M. 437 AMETHYST WAY LAKE MARY, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, ERNEST J. 255 S. ORANGE AVE., SUITE 1250 ORLANDO, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James M. Knight, Treasurer 04 MAR 08 407-514-1808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					