FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33875 (8)

1. Corporation Name

NORTH CENTRAL FLORIDA SPORTSMAN ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 23042 GAINESVILLE FL 32601	P.O. BOX 23042 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1989
3a. Date of Last Report: 04/13/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~HOLLINGSWORTH, ROBERT R~~
~~17801 S.W. 46 AVE.~~
~~ARCHER FL 32614~~

10. Name and Address of New Registered Agent

81 Name: ALAN P. HAGAN
82 Street Address (P.O. Box Number is Not Acceptable): 4805 s.w. 47th WAY
83
84 City: GAINESVILLE FL 85 Zip Code: 32608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alan P. Hagan ALAN P. HAGAN, PRESIDENT 4/10/95
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	~~PD~~	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~HOLLINGSWORTH, ROBERT R~~	1.2 NAME	ALAN P. HAGAN	
STREET ADDRESS	~~17801 S.W. 46 AVE.~~	1.3 STREET ADDRESS	4805 S.W. 47th WAY	
CITY-ST-ZIP	~~ARCHER FL~~	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	~~VP~~	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	~~YOUNG, JON R~~	2.2 NAME	MICHAEL P. BAKER	
STREET ADDRESS	~~4723 N.W. 32 AVE.~~	2.3 STREET ADDRESS	3631 N.W. 41st AVE.	
CITY-ST-ZIP	~~GAINESVILLE FL~~	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	~~SD~~	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	~~HAGAN, ALAN P~~	3.2 NAME	SANDON FLOWERS	
STREET ADDRESS	~~4805 S.W. 47 WAY~~	3.3 STREET ADDRESS	4805 S.W. 47th WAY	
CITY-ST-ZIP	~~GAINESVILLE FL~~	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	STRAUB, PETER	4.2 NAME		
STREET ADDRESS	10012 SW 162 TERR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Alan P. Hagan ALAN P. HAGAN 4/15/95 (904)377-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #