

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33875 (8)
1. Corporation Name
NORTH CENTRAL FLORIDA SPORTSMAN ASSOCIATION, INC



Principal Place of Business
**P.O. BOX 23642
GAINESVILLE FL 32601**

Mailing Address
**P.O. BOX 23642
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified
08/24/1989

3a. Date of Last Report
04/20/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAGAN, ALAN P.
4805 S.W. 47TH WAY
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name **DONALD LOFTUS**

82 Street Address (P.O. Box Number is Not Acceptable)
14903 N.W. 29 STREET

83

84 City **GAINESVILLE** FL 85 Zip Code **32609**

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 **DONALD LOFTUS** *Donald Loftus* **4/20/96**

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	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGAN, ALAN P.		1.2 NAME DONALD LOFTUS	
STREET ADDRESS 4805 S.W. 47TH WAY		1.3 STREET ADDRESS 14903 NW 29 STREET	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP GAINESVILLE, FL 32609	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, MICHAEL P.		2.2 NAME JEFFREY DISSELL	
STREET ADDRESS 3831 N.W. 41ST AVENUE		2.3 STREET ADDRESS 2240 NW 36 AVE	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDON, FLOWERS		3.2 NAME	
STREET ADDRESS 4805 S.W. 47TH WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Peter A. Straub* **PETER A. STRAUB** **4/17/96** **352-392-8095**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)