

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 23642
GAINESVILLE FL 32601

P.O. BOX 23642
GAINESVILLE FL 32602-3642

3. Date Incorporated or Qualified
08/24/1989

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONALD LOFTUS
14903 NW 29TH ST
GAINESVILLE FL 32609

81 Name PETER A. STRAUB

82 Street Address (P.O. Box Number is Not Acceptable)
11317 S.W. 86 PLACE

83

84 City GAINESVILLE

FL

85 Zip Code 32608

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 Peter A. Straub, PETER A. STRAUB TREASURER 4/21/97
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
NAME DONALD LOFTUS
STREET ADDRESS 14903 NW 29TH ST
CITY-ST-ZIP GAINESVILLE FL
☒ DELETE

1.1 TITLE PD
1.2 NAME MARK STINNETT
1.3 STREET ADDRESS 4906 NW 29 PLACE
1.4 CITY-ST-ZIP GAINESVILLE FL 32606
☐ Change ☒ Addition

TITLE VPD
NAME JEFFREY DISSELL
STREET ADDRESS 2240 NW 38TH AVE
CITY-ST-ZIP GAINESVILLE FL
☒ DELETE

2.1 TITLE VPD
2.2 NAME MICHAEL P. BAKER
2.3 STREET ADDRESS 3631 N.W. 41 LANE
2.4 CITY-ST-ZIP GAINESVILLE FL 32605
☐ Change ☒ Addition

TITLE SD
NAME SANDON, FLOWERS
STREET ADDRESS 4805 S.W. 47TH WAY
CITY-ST-ZIP GAINESVILLE FL
☒ DELETE

3.1 TITLE SD
3.2 NAME PETER A. STRAUB
3.3 STREET ADDRESS 11317 S.W. 86 PLACE
3.4 CITY-ST-ZIP GAINESVILLE FL 32608
☐ Change ☒ Addition

TITLE TD
NAME STRAUB, PETER
STREET ADDRESS 10012 SW 162 TERR.
CITY-ST-ZIP ARCHER FL
☐ DELETE

4.1 TITLE TD
4.2 NAME PETER A. STRAUB
4.3 STREET ADDRESS 11317 S.W. 86 PLACE
4.4 CITY-ST-ZIP GAINESVILLE FL 32608
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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 4/21/97 (352) 392-8045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010721

CR2E037 (9/96)