

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N33875

1. Entity 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



04052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOFTUS, DON  
14903 NW 29TH STREET  
GAINESVILLE, FL 32609

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOFTUS, DON 14903 NW 29 STREET GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO DISSELL, JEFF 2240 NW 36 AVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHUDEL, JACK PO BOX 12707 GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STRAUB, PETER A 11317 S.W. 86 PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000132977  
04/27/04-80071-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Peter A Straub* Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 352 392-8045  
EXT 285  
Date Daytime Phone #