

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33875

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** NORTH CENTRAL FLORIDA SPORTSMAN ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 23642  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23642  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOFTUS, DON  
Address: 14903 NW 29 STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: VPD ( ) Delete  
Name: DISSELL, JEFF  
Address: 2240 NW 36 AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete  
Name: SCHUDEL, JACK  
Address: PO BOX 12707  
City-St-Zip: GAINESVILLE, FL 32604

Title: TD ( ) Delete  
Name: STRAUB, PETER A  
Address: 11317 S.W. 86 PLACE  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A STRAUB

TD

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date