2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N33875

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:

14903 NW 29TH STREET
GAINESVILLE, FL 32609

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 exemption stated in Chapter 119, 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 04/27/2007
Electronic Signature of Signing Officer or Director — Date