


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90236 023 \*\*\*\*61.25

<b>DOCUMENT # N47460</b>			
1. Entity Name <b>THE FLORIDA GUN COLLECTORS ASSOCIATION, INC.</b>			
Principal Place of Business <b>600 THIRD ST. S. SAFETY HARBOR FL 34695 US</b>		Mailing Address <b>BOX TEN SAFETY HARBOR FL 34695 US</b>	
2. Principal Place of Business <b>902 W. CANDLEWOOD AVE.</b>		3. Mailing Address <b>902 W. CANDLEWOOD AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL 33603-1702</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33603-1702</b>	Country <b>U.S.A.</b>	Zip <b>33603-1702</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>MARQUETTE, RICHARD L. RT 3, BOX 368 BRANFORD FL 32008</b>		7. Name and Address of New Registered Agent Name <b>WILLIAMS, JAMES L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>902 WEST CANDLEWOOD AVENUE</b> City <b>TAMPA</b> FL Zip Code <b>33603-1702</b>	
8. 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 <i>James L. Williams, PRESIDENT</i> <b>JAMES L. WILLIAMS, PRESIDENT APRIL 30, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP SCHUBERT, JACK 2740 PRINE ROAD LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOBERLEY, JAMES O 425-33 AVENUE NORTH ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUETTE, RICHARD L. RT 3, BOX 368/NA BRANFORD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUIBELL, BETTY BOX TEN, 600 THIRD ST. S. SAFETY HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES L 902 W. CANDLEWOOD AVE. TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSA COLLUM, ED 580 A INDIAN ROCKS ROAD NORTH BELLAIR BLUFFS FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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MOORE CR2E037 (11/03)

4. FEI Number **23-7281236** Applied For  Not Applicable

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

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: *James L. Williams* **JAMES L. WILLIAMS** APRIL 30, 2004 (813) 238-0161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #