

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90116 015 ****61.25

DOCUMENT # N94000001525

1. Entity Name

FLORIDA SPORTING CLAYS ASSOCIATION, INC.



Principal Place of Business

10912 VICTORIA ARBOR WAY
TAMPA FL 33617

Mailing Address

10912 VICTORIA ARBOR WAY
TAMPA FL 33617

14019634



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3366362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, DANNY W
236 ORCHID ST
TAVERNIER FL 33070

Name Gerald E. Seaman

Street Address (P.O. Box Number is Not Acceptable)

4340 N. Tropical Tr.

City Merritt Island

FL

Zip Code 32953

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 Gerald E. Seaman, President Gerald E. Seaman 4/28/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MOSS, DANNY W
STREET ADDRESS 236 ORCHID ST
CITY-ST-ZIP TAVERNIER FL 33070 ☒ Delete

TITLE PD
NAME GERALD E. SEAMAN
STREET ADDRESS 4340 N. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953 ☐ Change ☒ Addition

TITLE DV
NAME WALL, DEBBIE
STREET ADDRESS 520 BIRCH ST
CITY-ST-ZIP W MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BITTMANN, MELITA
STREET ADDRESS 10912 VICTORIA ARBOR WAY
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME KMECIAK, KARLYNN
STREET ADDRESS 9285 COBLER LN
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE TD
NAME PARSONS, METZKOW
STREET ADDRESS 4205 HIELD RD., N.W.
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature]

4-26-04 321-984-0798