2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State
03-31-2005 90033 015 ****61.25

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1. Entity Name
FLORIDA SPORTING CLAYS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10912 VICTORIA ARBOR WAY TAMPA, FL 33617	10912 VICTORIA ARBOR WAY TAMPA, FL 33617

660187b1

02062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3366362
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEAMAN, GERALD E
4340 N. TROPICAL TR.
MERRITT ISLAND, FL 32953

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (if new Registered Agent) (if applicable required when changing)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEAMAN, GERALD E
STREET ADDRESS	4340 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	DV
NAME	WALL, DEBBIE
STREET ADDRESS	520 BIRCH ST
CITY-ST-ZIP	W MELBOURNE, FL 32904
TITLE	SD
NAME	BITTMANN, MELITA
STREET ADDRESS	10912 VICTORIA ARBOR WAY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	TD
NAME	PARSONS, METZKOW
STREET ADDRESS	4205 HIELD RD., N.W.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] Parsons Metzkow TD 5-24-05 321-984-0798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #