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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996	COULTY SE	DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name	N94000003	3669 (8)	
JEFFERSON LONGF	RIFLE MILITIA, INC.		
Principal Place of Business	Maile	ng Address	
P.O. BOX 14073 TALLAHASSEE FL 32302		. BOX 14073 LAHASSEE FL 32302	



TALLAHASSEE	73 : FL 32302	P.O. BOX 14073 TALLAHASSEE FL 32303	2		Date Incorporated or Qualified	3a. Date of	
					07/25/1994	04/2	8/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	ļ	Applied For
1		26			59-3263986		Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1.1	3.75 Additional Fee Required
Oity & State	•	City & State			Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be Added to Fees
3 Zip	Country	28 Zip	Countr	y	8. This corporation has liability for in	ntangible tax und	der s. 199.032,
4	25	29	30		Florida Statutes] Yes []No	
<u> </u>	9. Name and Address of Cur				10. Name and Address of New Ro	egistered Agen	<u> </u>
	3		81	Name			
LICCUAIN	N CTEQUEN E		82	Street Art	fress (P.O. Box Number is Not Acceptable	le)	
	n, stephen e 2, box 4952		Ľ				
CDAMEC	2, BOX 4532 DRDVILLE FL 32327		83	3			
Openin	ALIPADE I P APAR.		8-	4 City		FL BS	Zip Code
		500 and 617 1500 Florida Ctat. d	ac the above	-named come	oration submits this statement for the pur lard of directors. I hereby accept the appo		g its registered offic
or register familiar wi SIGNATURE	red agent, or both, in the State of R ith, and accept the obligations of, S	Section 617.0503, Florida Statute:	S.	poration s bo		DATE:	
	- Construe, broad or printed name of realistical a	agent and title if applicable (IV)	O : E mograteria in my	Coll advance redo	red wikin remstaring)		
	Signature, typed or printed name of registered a	ago i, di o bini ii oppi viii i	13.	O II agricio o roqui	ADDITIONS CHANGES TO OFF		
12.	OFFICERS	AND DIRECTORS DELETE			ADDITIONS CHANGES TO OFF	ICERS AND DIR	
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Loo hereby certify that the information supplied with this litting is voluntarily formation and obes not qualify to the exemption stated in Section 1.5 arms legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or true and accurate and that my shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my shall have the same legal effect as if made under certify that the information indicated on the informati

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SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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