

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002871

FILED
Jan 17, 2009
Secretary of State

Entity Name: COSMOPOLITAN PISTOL ASSOCIATION, INC.

Current Principal Place of Business:

4040 LAKEVIEW DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4040 LAKEVIEW DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 57-1048804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHRENDT, GARY
4040 LAKEVIEW DRIVE
SEBRING, FL 33870 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: VD () Delete
Name: JONES, WILEY
Address: 1809 WEST VIRGINIA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: PD () Delete
Name: POWERS, ROGER
Address: 1424 FLAMINGO DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: TD () Delete
Name: BEHRENDT, GARY
Address: 4040 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

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:

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: GARY L. BEHRENDT

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date