

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005602 (6)  
1. Corporation Name

FLORIDA FIREARMS POLICY FOUNDATION INCORPORATED



Principal Place of Business

Mailing Address

310 ELMIRA ST.  
MILTON FL 32570

310 ELMIRA ST.  
MILTON FL 32570

3. Date Incorporated or Qualified  
11/13/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 917 N. Palafox St.

26 917 N. Palafox St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola, Florida

28 Pensacola, Florida

Zip

Country

Zip

Country

24 32501

25 USA

29 32501

30 USA

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLIARD, C. ROBERT  
310 ELMIRA ST.  
MILTON FL 32570

81 Name C. Robert Hilliard

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

917 N. Palafox St.

83

84 City Pensacola

FL

85 Zip Code 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE C. Robert Hilliard, President

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

11 TITLE President  
12 NAME C. Robert Hilliard  
13 STREET ADDRESS 917 N. Palafox St.  
14 CITY - ST - ZIP Pensacola, FL 32501

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

21 TITLE Vice-President  
22 NAME Albert Collins  
23 STREET ADDRESS 180 Shoreline Way  
24 CITY - ST - ZIP Hampton, GA 30228

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

31 TITLE Treasurer  
32 NAME Lisa P. Hilliard  
33 STREET ADDRESS 917 N. Palafox St.  
34 CITY - ST - ZIP Pensacola, FL 32501

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

600001904886  
-07/25/96--01100--015  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Robert Hilliard

4/25/96

904-433-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # (904) 433-3357

CR2E037 (12/95)