FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MIDDLEBURG FL 32068

DOCUMENT # N97000000296 (0)

NORTH/FLORIDA HANDICAPPED SPORTSMEN, INCORPORATE

Principal Place of Business Mailing Address 3972 LAZY ACRES ROAD MIDDLEBURG FL 32068 3972 LAZY ACRES ROAD 3. Date Incorporated or Qualified

01/16/1997

FILED

May 18 1998 8:00am

Secretary of State

Not Applicable

Suite, Apl #, etc. Suite, Apl #, etc. Suite, A	2. Principal Plac	cipal Place of Business			2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
City & State City & City & State City & State City & State City & State City & City & State City & City	21									Fee Required	
City & State City & State City & City & State City & State	Suite, Apt. #,	Suite, Apt. #, etc.			Suite, Apt. #, etc.						
Zp	22								Trust Fund Contribution	Added to Fees	
Zip				<u>├</u> ─¬ ´	 				l	/	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name a											
S. Name and Address of Current Registered Agent OWENS, RONNE 372 LAZY ACRES ROAD LEDUCES 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 agent in a final marking with, and accept the obligation of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in a final marking and accept the obligations of Sections 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in a final marking and accept the obligations of Sections 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in a final marking and accept the obligations of Sections 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In a final marking and accept the obligations of Sections 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In a final marking its registered agent.	_ `						or this corporation blood of has paid the company year intergrate				
DWENS, Rennie PFR, RONNE 3972 LAZY ACRES ROAD LIDOLEBURG FL 32068 BI Name BI Name BODIC WENS Street Address (P.O. Box Number is Not Acceptable) BI Name BI Street Address (P.O. Box Number is Not Acceptable) BI DELETE BI STREET ADDRESS BI Name BI CITY BI NAME BI Name BI Name BI Name BI Name BI CITY BI NAME											
Prime				negistered	Agent	7/20 / 1/2					
### ACTIVENT STORES ROAD ### CITY 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of firm to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of firm to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of firm to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of firm to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of firm to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of firm to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this state of the provisions of Sections 617 0502, Florida Statutes, the above-named corporation submits this state of the provisions of Sections 617 0502, Florida Statutes, the above-named corporation submits this state of the provisions of Sections 617 0502, Florida Statutes, the above-named corporation submits this state of the provisions obtained to the provisions of Sections 617 0502, Florida Statutes, the above-named corporations state of viectors. In the provisions of Sections 617 0502, Florida Statutes, the above-named corporations state of viectors. In the provisions of Sections 617 0502, Florida Statutes, the above-named corporations state of viectors. In the provisions of Sections 617 0502, Florida Statutes, the above-named corporations state of viectors. In the provisions of Sections 617 0502, Florida Statutes, the above-named corporations state of viectors. In the provisions of Sections 617 0502, Florida Statutes, the above-named corporations state of viectors. In the provisions observed with resolution state of viectors. In the provisions observed with resolution resolutions of viectors. In the provision							144	゜バ	onnie. Owens (
### City											
Section Sections									 _	_ ,	
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 charging its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both appointment as registered agent, agent, agent, agent, agent, agent, agent, agent appointment as registered agent, ag	MIDDLEBURG FL 32068						13				
11. Fursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. The above-named corporation submits this statute fint for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the congression of sections of the purpose of changing its registered agent. I am lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature typind or pristed name of registered agent and like it application. (NOTE Registered Agent egynture required when rendation.) DATE						8	4 City			85 7in Code	
**Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Section 617.0503, Florida Statutes. SIGNATURE 12.							<u> </u>				
SIGNATURE Signature hybrid or printed name of regularized appell and life if application PADE	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										
SIGNATURE Signature hybrid or printed name of regularized appell and life if application PADE	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
Change Color Col											
TITLE DVER, RONNIE JAGRISON STREET ADDRESS STREET A	Sig	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered									
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS AC(ITY-ST-ZIP ADDRESS ADDRES			OFFICERS AND	DIRECTOR					ADDITIONS/CHANGES TO OFFICE		
STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE WAME FULLER, ALTON 2436 WEST SR 16 23 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE D SWALS, JOHNNY STREET ADDRESS CITY-ST-ZIP FULLER AWAE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32220 TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME DELETE DITRECT MAME MAME DELETE STITLE DITRECTOR STREET ADDRESS CITY-ST-ZIP MAME DELETE STITLE DITRECTOR STREET ADDRESS CITY-ST-ZIP MAME DITRECTOR STREET ADDRESS CITY-ST-ZIP MAME DELETE STITLE DITRECTOR STREET ADDRESS CITY-ST-ZIP MAME DITRECTOR STREET ADDRESS CITY-ST-ZIP MAGDRESS MA		P			[] DEFEIF		_	1'		LLA Change L. Addition	
TITLE WIDDLEBURG FL 32068 14CTY-ST-ZIP WIDDLEBURG FL 32068 14CTY-ST-ZIP WAME STREET ADDRESS CITY-ST-ZIP TITLE D	NAME						_			i i	
TITLE MAME FULLER, ALTON 2436 WEST SR 16 GREEN COVE SPRINGS FL 32043 TITLE D DELETE 3.1 TILE 3.2 NAME 3.3 SIRRET ADDRESS CITV-ST-ZIP STREET ADDRESS CITV-ST-ZIP TITLE D DELETE 3.1 TILE 3.2 NAME 3.3 SIRRET ADDRESS CITV-ST-ZIP TITLE DIrector Bric Doughty 4.3 SIRRET ADDRESS CITV-ST-ZIP TITLE DIrector Bric Doughty 4.3 SIRRET ADDRESS 4.4 (ITY-ST-ZIP TITLE DIrector Bric Doughty 290 Magnolia Ave. 4.1 TITLE Atlantic Beach, FL 32233 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITV-ST-ZIP DELETE DELETE DIrector Bric Doughty 290 Magnolia Ave. Atlantic Beach, FL 32233 Change Change Addition	STREET ADDRESS					1.3 STRI	ET ADDRES	S (Le	gal last name change	only, please	
NAME FULLER, ALTON 22 NAME 23 SIREET ADDRESS 24 CITY-ST-ZIP Change Addition	CITY-ST-ZIP	MIDDLE	SURG FL 32068					CI	lange all records/		
STREET ADDRESS 2436 WEST SR 16 23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE	٧			☐ DELETE	2.1 TITL	E			L_I Change L_I Addition	
CHANGE COVE SPRINGS FL 32043 2 4 CHY-ST-ZIP Change Addition	· · · · · · · · · · · · · · · · · · ·						IE	1			
TITLE D SWAILS, JOHNNY SWAILS, JOHNNY SYMBET ADDRESS B25 HARRISON AVE. STREET ADDRESS JACKSONVILLE FL 32220 34.CITY-ST-ZIP JACKSONVILLE FL 32220 34.CITY-ST-ZIP Change MADE STREET ADDRESS 4.2 NAME Eric Doughty 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Atlantic Beach, FL 32233 ITILE Director Change MADE STREET ADDRESS 5.1 TITLE DIRECTOR STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Florahome, FL 32140 Change MADE Addition Change MADE MADE STREET ADDRESS 5.4 CITY-ST-ZIP Florahome, FL 32140 Change MADE MADE MADE MADE MADE MADE MADE MADE						2.3 STR	ET ADDRES	is			
NAME SWARLS, JOHNNY 825 HARRISON AVE. 617Y-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRES	CITY-SI-ZIP										
STREET ADDRESS UTY-ST-ZIP JACKSONVILLE FL 32220 34. CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.2 NAME A.2 STREET ADDRESS 290 Magnolia Ave. CITY-ST-ZIP DELETE DI rector At lantic Beach, FL 32233 Change Addition Change Addition DELETE DI rector Change Addition Change Addition STREET ADDRESS STRE		•			L_ DELETE	3.1 T TL	E	- [L_ Change L_ Addition	
STREET ADDRESS SALCHTY-ST-ZIP SALCHTY-ST-ZIP SALCHTY-ST-ZIP STREET ADDRESS SALCHTY-ST-ZIP SALC		_				3.2 NAM	Æ				
TITLE DELETE 41 TITLE Director Change MAddition 4.2 NAME Rric Doughty 4.3 STREET ADDRESS 290 Magnolia Ave. 4.4 CITY-ST-ZIP Atlantic Beach, FL 32233 Change MAddition TITLE DELETE 5.1 TITLE Director Change MADDRESS AMME STREET ADDRESS S.3 STREET ADDRESS STREET ADDRESS S.3 STREET ADDRESS CITY-ST-ZIP S.4 CITY-ST-ZIP Florahome, FL 32140 Change Addition Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition AMME DELETE Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Cha	STREET ADDRESS	825 HARRISON AVE.					EET ADDRES	s			
A.2 NAME	CITY-ST-ZIP	JACKSO	NVILLE FL 32220			3.4. CIT	Y-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 NAME STREET ADDRESS CITY-ST-ZIP DI PECCO STREET ADDRESS CITY-ST-ZIP S1 NAME STREET ADDRESS CITY-ST-ZIP DI PECCO SEVE Harrelson S1 STREET ADDRESS S1 STREET ADDRESS S1 CITY-ST-ZIP S1 DELETE S1 DELETE S1 DI PECCO SEVE Harrelson S221 Palmetto Ave Florahome, FL 32140 Change Addition Change Addition Addition	TITLE				☐ DELETE	4.1 TITL	E	Di	rector	Change M Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 NAME STREET ADDRESS CITY-ST-ZIP DI PECCO STREET ADDRESS CITY-ST-ZIP S1 NAME STREET ADDRESS CITY-ST-ZIP DI PECCO SEVE Harrelson S1 STREET ADDRESS S1 STREET ADDRESS S1 CITY-ST-ZIP S1 DELETE S1 DELETE S1 DI PECCO SEVE Harrelson S221 Palmetto Ave Florahome, FL 32140 Change Addition Change Addition Addition	NAME					4. 2 NA	AE	Eri	lc Doughty		
Atlantic Beach, FI 32233 Change Addition	STREET ADDRESS					4.3 STR	ET ADDRES	s 290	Magnolia Ave.		
TITLE DELETE 51 TITLE Director Change Maddition	CITY-ST-ZIP					4.4 CITY	-ST-ZIP			33	
NAME	TITLE				DELETE	5.1 TITL	E				
5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Florahome, FL 32140 Change Addition	NAME					5.2 NAM	IE .	- 1			
	STREET ADDRESS					5.3 STR	EET ADDRES				
TITLE DELETE 6.1 TITLE Change Addition MAME DELETE 6.2 HAME	CATY-ST-ZIP					5.4 CITY	-ST-ZIP				
					DELETE				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change Addition	
	NAME					6.2 NAM	ΙE				
	STREET ADDRESS					6.3 STR	ET ADDRES	s			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP					6.4 CITY	-ST-ZIP				
14. Thereby 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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an	14. I hereby cert	tify that the	s information supplied wit	h this filing o	does not qualify fo	or the exer	nption st	ated in S	ection 119.07(3)(i), Florida Statutes. I fu	rther certify that the information	