


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mothman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000296 (0)**

1. Corporation Name

NORTH FLORIDA HANDICAPPED SPORTSMEN, INCORPORATE
D

Principal Place of Business

Mailing Address

**3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068**

**3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068**

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

59-3426350

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Owens, Ronnie
DYER, RONNIE
3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

81 Name **Ronnie Owens (Legal name change)**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
DYER, RONNIE
3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

TITLE ☐ DELETE

V
FULLER, ALTON
2436 WEST SR 16
GREEN COVE SPRINGS FL 32043

TITLE ☐ DELETE

D
SWAILS, JOHNNY
825 HARRISON AVE.
JACKSONVILLE FL 32220

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

Ronnie E. Owens
(Legal last name change only, please change all records)

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☒ Addition

Director
Eric Doughty
290 Magnolia Ave.
Atlantic Beach, FL 32233

☐ Change ☒ Addition

Director
Steve Harrelson
221 Palmetto Ave
Florahome, FL 32140

☐ Change ☐ Addition

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

14. 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 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:

Ronnie E. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-98 **(904) 282-2695**
Date Daytime Phone # 0001019

CR2E037 (10/97)