

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90007 009 ****61.25

DOCUMENT # N97000000296

1. Corporation Name

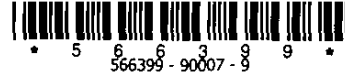
NORTH FLORIDA HANDICAPPED SPORTSMEN, INCORPORATE
D

Principal Place of Business

3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

Mailing Address

3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

59-3426350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OWENS, RONNIE
3972 LAZY ACRES ROAD
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name

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: Ronnie E. Owens

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

Ronnie E. Owens

(NOTE: Registered Agent signature required when reinstating)

5-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **OWENS, RONNIE E.**
STREET ADDRESS **3972 LAZY ACRES ROAD**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **V** ☐ DELETE

NAME **FULLER, ALTON**
STREET ADDRESS **2436 WEST SR 16**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☒ DELETE

NAME **SWAILS, JOHNNY**
STREET ADDRESS **825 HARRISON AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE **D** ☐ DELETE

NAME **DOUGHTY, ERIC**
STREET ADDRESS **290 MAGNOLIA AVE**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ DELETE

NAME **HARRELSON, STEVE**
STREET ADDRESS **221 PALMETTO AVE**
CITY-ST-ZIP **FLORAHOME FL 32140**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronnie E. Owens

Date

Daytime Phone #

CR2E037 (1/98)