

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90100 044 ****61.25

DOCUMENT # N97000000296			
1. Entity Name NORTH FLORIDA HANDICAPPED SPORTSMEN, INCORPORATED			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



50048907



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3426350				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, RONNIE 3972 LAZY ACRES ROAD MIDDLEBURG FL 32068			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PCT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, RONNIE E.			NAME			
STREET ADDRESS	3972 LAZY ACRES ROAD			STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068			CITY-ST-ZIP			
TITLE	VPCT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, ALTON			NAME			
STREET ADDRESS	2436 WEST SR 16			STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGHTY, ERIC			NAME			
STREET ADDRESS	290 MAGNOLIA AVE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELSON, STEVE			NAME			
STREET ADDRESS	221 PALMETTO AVE			STREET ADDRESS			
CITY-ST-ZIP	FLORAHOME FL 32140			CITY-ST-ZIP			
TITLE	BOD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DAVE			NAME			
STREET ADDRESS	1553 KINGFISHER BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32065			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronnie Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

904-282-2695

Date

Daytime Phone #