


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3426350	Applied For 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

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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 _____ DATE _____
(Sign where typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCT OWENS, RONNIE E. 3972 LAZY ACRES ROAD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPCT FULLER, ALTON 2436 WEST SR 16 GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DOUGHTY, ERIC 290 MAGNOLIA AVE ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HARRELSON, STEVE 221 PALMETTO AVE FLORAHOME, FL 32140
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 07/23/07-80001-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #