



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
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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	DO NOT WRITE IN THIS SPACE
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT OWENS, RONNIE E. 3972 LAZY ACRES ROAD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT FULLER, ALTON 2436 WEST SR 16 GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHTY, ERIC 290 MAGNOLIA AVE ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELSON, STEVE 221 PALMETTO AVE FLORAHOME, FL 32140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/23/07-80001-018 61.25

DO NOT WRITE
IN THIS SPACE

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 # _____