


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006218	
1. Entity Name FIRST COAST SPORT SHOOTING ASSOCIATION, INC.	

Principal Place of Business 7373 S BAKER AVE FLORAL CITY, FL 34436 US	Mailing Address 7373 S BAKER AVE FLORAL CITY, FL 34436 US
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01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3476079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REBMAN, DANIEL K 7373 S BAKER AVE FLORAL CITY, FL 34436

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REBMAN, BEN 8181 BARRACUDA RD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VARGAS, CLARK 4141 SOUTHPOINT DRIVE EAST SUITE 200 JACKSONVILLE, FL 322168061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAN, REBMAN 7373 S BAKER AVE FLORAL CITY, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REBMAN, DAN 7373 S BAKER AVE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/04-80007-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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 817, 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:  **DANIEL REBMAN** 1/18/04 3528602427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #