

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 023 ****61.25

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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**

400000004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3476079

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD
NAME REBMAN, BEN ☐ Delete
STREET ADDRESS 8181 BARRACUDA RD
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME VARGAS, CLARK
STREET ADDRESS 4141 SOUTHPPOINT DRIVE EAST SUITE 200
CITY-ST-ZIP JACKSONVILLE, FL 322168061

TITLE ☒ Change ☐ Addition
NAME THERESA REBMAN
STREET ADDRESS 7373 S BAKER AVE
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE TD ☐ Delete
NAME DAN, REBMAN
STREET ADDRESS 7373 S BAKER AVE
CITY-ST-ZIP FLORAL CITY, FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME REBMAN, DAN
STREET ADDRESS 7373 S BAKER AVE
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dan Reberman
Dan Reberman

352 860 2427