


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90124 014 ****61.25

DOCUMENT # N99000001647

1. Entity Name
DEFENSIVE SHOOTERS FELLOWSHIP OF WEST BROWARD, I NC.



Principal Place of Business
**7009 NORTHWEST 73RD AVENUE
TAMARAC FL 33321**

Mailing Address
**8855 SW 1ST PLACE
POMPANO BEACH FL 33071**

30013437



2. Principal Place of Business
8855 SW 1ST PLACE

3. Mailing Address
SAME

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Coral Springs

City & State

Zip
33071

Country
USA

4. FEI Number **65-0905811**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GROLL, WILLIAM
8855 SW 1ST PLACE
POMPANO BEACH FL 33071**

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 **William Groll** **William Groll** **Jan 27, 2003**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPEAR, JACK	
STREET ADDRESS	3660 NW 119 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KASPRZAK, CHARLES	
STREET ADDRESS	3473 PALIDIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROLL, WILLIAM	
STREET ADDRESS	8855 SW 1ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, ED	
STREET ADDRESS	7009 NW 73 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOWINSKI, MARK	
STREET ADDRESS	2800 N. PALMAIRE DR. #409	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG ERKSSON	
STREET ADDRESS	1821 N. 50 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MATCH DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KASPRZAK	
STREET ADDRESS	3410 W. HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BCH, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **William Groll** **REQUIRED** **Jan 27, 2003** **954-345-8382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)