

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002251

FILED
May 06, 2007
Secretary of State

Entity Name: SOUTHEAST PRACTICAL SHOOTERS ASSOCIATION, INC.

Current Principal Place of Business:

11526 SIMMONS RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11526 SIMMONS RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3571187 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WELLS, NANCY M
11526 SIMMONS RD
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELLS, BRUCE
Address: 11526 SIMMONS ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VPD () Delete
Name: WALLACE, BRUCE
Address: 1629 TIGER CREEK LANE WEST
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D () Delete
Name: REDMOND, THOMAS
Address: 725 WASHINGTON AVENUE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: D () Delete
Name: HAMMOND, WILLIAM M
Address: 2560 SPREADING OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD () Delete
Name: WELLS, NANCY M
Address: 11526 SIMMONS RD.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PANICHELLO, KEVIN
Address: 1393 SOARING FLIGHT WAY
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VPD (X) Change () Addition
Name: ROBINSON, GROVER
Address: 4950 RICHARD ST. #66
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Change () Addition
Name: EDWARDS, VINCE
Address: 11526 SIMMONS RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY M WELLS

STD

05/06/2007

Electronic Signature of Signing Officer or Director

Date