

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002251

FILED  
Feb 23, 2010  
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:**

463106 STATE RD. 200  
FERNANDINA BEACH, FL 32097

**Current Mailing Address:**

11526 SIMMONS RD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

933 BUTTERCUP  
JACKSONVILLE, FL 32259

**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:**

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

**Name and Address of New Registered Agent:**

SAFFERY, CHARLES  
933 BUTTERCUP  
JACKSONVILLE, FL 32259      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: CHARLES SAFFERY

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLON, NELSON  
Address: 12106 IRWIN MANOR DR.  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VPD  
Name: MARIO, FARRULLA  
Address: 4342 CROOKED CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: TRES  
Name: CHARLES, SAFFERY  
Address: 933 BUTTERCUP  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: REGI  
Name: BRUCE, WALLACE  
Address: 1629 TIGER CREEK LN. W  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: BOD  
Name: WELLS, BRUCE  
Address: 11526 SIMMONS RD.  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES SAFFERY

TRES

02/23/2010

Electronic Signature of Signing Officer or Director

Date