

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90033 006 ****61.25

DOCUMENT # N99000005635

1. Entity Name

SAWGRASS SPORTS SHOOTING ASSOCIATION, INC.



Principal Place of Business

1 SAWGRASS ROAD
JACKSONVILLE BEACH FL 32250
US

Mailing Address

P.O. BOX 51140
JACKSONVILLE BEACH FL 32240
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1562

Suite, Apt. #, etc.

Route Vedra Bch

City & State

FL

Zip

32082

Country

St. John's



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3597053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, GEORGE F JR
103 HARBOUR ISLAND CT
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name - WYN SAMUEL

Street Address (P.O. Box Number is Not Acceptable)

130 Willow Pond Ln

City PONTE VEDRA Bch

FL

Zip Code

32082

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

Wyn Samuel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/4/05

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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	BROWN, PAUL	
STREET ADDRESS	1328 14 AVE N	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARTWRIGHT, JOEY	
STREET ADDRESS	14208 CRYSTAL COVE DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, CLARK	
STREET ADDRESS	4141 SOUTHPPOINT DR. E., SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, GEORGE	
STREET ADDRESS	103 HARBOUR ISLAND CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAMA, BRUCE	
STREET ADDRESS	555 Granada Terrace	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYN SAMUEL	
STREET ADDRESS	130 Willow Pond Ln	
CITY-ST-ZIP	PONTE VEDRA Bch FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Wyn Samuel WYN SAMUEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Date

904 285-0262

Daytime Phone #