

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90403 029 ****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 PONTE VEDRA BEACH, FL 32082 <i>Jacksonville Beach, FL 32240-1140</i> | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03312006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 59-3597053 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent Samuel, Wyn 130 WILLOW POND LN PONTE VEDRA BEACH, FL 32082 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 BROWN, PAUL STREET ADDRESS 1328 14 AVE N CITY-ST-ZIP JACKSONVILLE, FL 32250 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME KLAMA, BRUCE STREET ADDRESS 555 GRANDE TERRACE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE STD NAME Samuel, Wyn STREET ADDRESS 130 WILLOW POND LN CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Paul Brown</i> Paul Brown 4/19/06 904-241-3755 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |