

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005635

FILED
Apr 30, 2008
Secretary of State

Entity Name: SAWGRASS SPORTS SHOOTING ASSOCIATION, INC.

Current Principal Place of Business:

1 SAWGRASS ROAD
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

POB 51140
JACKSONVILLE BEACH, FL 322401140 US

New Mailing Address:

FEI Number: 59-3597053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PAUL
1328 14 AVE N
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: BROWN, PAUL
Address: 1328 14 AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD () Delete
Name: KLAMA, BRUCE
Address: 555 GRANDE TERRACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: GUTHRIE, STEVEN
Address: 1708 3RD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: KLAMA, BRUCE
Address: 555 GRANDE TERRACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: TR () Change (X) Addition
Name: BELL, JEFFERY K
Address: 2335 OCEANWALK DR W
City-St-Zip: ATLANTIC BEACH, FL 32233

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: PAUL BROWN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date