

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000003172

Entity Name: N.M.B. SHOOTERS INC.

Current Principal Place of Business:

1731 NW 6TH ST., STE. B-1
GAINESVILLE, FL 32609

Current Mailing Address:

POST OFFICE BOX 358774
GAINESVILLE, FL 32635 US

FEI Number: 27-2801570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEPPARD, BEATRICE
7431 NW 6TH STREET
SUITE B-1
GAINESVILLE, FL 32609 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

Officer/Director Detail :

Title P
Name SIMMONS, TANDRA L
Address 1710 NW 7TH STREET UNIT 401
City-State-Zip: GAINESVILLE FL 32609

Title VPD
Name SIMMONS, MARIE A
Address 25010 NORTH COUNTY RD 1491
City-State-Zip: ALACHUA FL 32615

Title SD
Name WILLIAMS, SABRINA
Address 1731 NW 6TH STREET
City-State-Zip: GAINESVILLE FL 32609

Title TD
Name SHEPPARD, BEATRICE
Address 7418 SOUTHEAST 226 WAY
City-State-Zip: HAWTHORNE FL 32640

Title ASST. VICE PRESIDENT
Name BROOKS, SHANTELL D
Address 2701 NW 23RD BLVD. #131
City-State-Zip: GAINESVILLE FL 32605

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: TANDRA SIMMONS

PRESIDENT

10/23/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date