

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000009181

Entity Name: CENTRAL FLORIDA SCHOLASTIC SHOOTERS, INC.**Current Principal Place of Business:**3372 COUNTY ROAD 526
SUMTERVILLE, FL 33585**Current Mailing Address:**2008 SE 13TH STREET
OCALA, FL 34471 US**FEI Number:** 85-2596058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHNEIDER, JUSTIN
2008 SE 13TH STREET
OCALA, FL 34471 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	SCHNEIDER, JUSTIN
Address	3372 COUNTY ROAD 526
City-State-Zip:	SUMTERVILLE FL 33585

Title	S
Name	SCHNEIDER, HEATHER
Address	3372 COUNTY ROAD 526
City-State-Zip:	SUMTERVILLE FL 33585

Title	T
Name	PEEBLES, JESSICA
Address	3372 COUNTY ROAD 526
City-State-Zip:	SUMTERVILLE FL 33585

Title	D
Name	SCHULTE, BOBBY
Address	3372 COUNTY ROAD 526
City-State-Zip:	SUMTERVILLE FL 33585

Title	D
Name	TABACCHI, MATT
Address	3372 COUNTY ROAD 526
City-State-Zip:	SUMTERVILLE FL 33585

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: JUSTIN SCHNEIDER**PRESIDENT****02/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date