

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000005635

**Entity Name:** SAWGRASS SPORTS SHOOTING ASSOCIATION, INC.

**Current Principal Place of Business:**

1 SAWGRASS ROAD  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

POB 50431  
JACKSONVILLE BEACH, FL 32240-0431 US

**FEI Number: 59-3597053**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VOSHELL, DAVID F  
3310 ZEPHYR WAY N  
JACKSONVILLE BEACH, FL 32250 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: DAVID F VOSHELL**

**10/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALEY, MARK  
Address        240 MAIN STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            TR  
Name            VOSHELL, DAVE F  
Address        3310 ZEPHYR WAY N  
City-State-Zip: JAX BEACH FL 32250

Title            VP  
Name            HOPPER, DWIGHT  
Address        4002 PALM WAY  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            SEC  
Name            RYAN, SUSAN  
Address        620 STOCK ST  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            DIRECTOR  
Name            BRAYTON, JEFF  
Address        10881 GREAT SOUTHERN DR  
City-State-Zip: JACKSONVILLE FL 32257

Title            DIRECTOR  
Name            GALVIN, BARBARA  
Address        3594 ISABELLA BLVD  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            DIRECTOR  
Name            GALARNEAU, JOHN  
Address        2002 GROVE STREET  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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: BARBARA GALVIN**

**DIRECTOR**

**10/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date