

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710915 (0)

1. Corporation Name

TITUSVILLE RIFLE AND PISTOL CLUB, INC.



Principal Place of Business

Mailing Address

2299 HATBILL ROAD
PO BOX 6482
TITUSVILLE FL 32782-6482

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PO BOX 6482
TITUSVILLE FL 32782-6482

3. Date Incorporated or Qualified
05/24/1966

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2924740

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, JOE
2913 PEMBROOKE ROAD
TITUSVILLE FL 32796**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD LOVELAND, DEAN**
STREET ADDRESS **2551 WESTMINSTER TERRACE**
CITY-ST-ZIP **OVIDEO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S WITHERS, LYLA**
STREET ADDRESS **2924 FLORA STREET**
CITY-ST-ZIP **TITUSVILLE, FL 0**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D EISENHauer, ROBERT B**
STREET ADDRESS **5469 JAMAICIA RD**
CITY-ST-ZIP **COCOA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BRAKIN, KEN**
STREET ADDRESS **2895 CITRUS DR.**
CITY-ST-ZIP **TITUSVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V PARISO, GEORGE**
STREET ADDRESS **4048 GRANT LINE RD**
CITY-ST-ZIP **MIMS, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T SEALE, BRENT L.**
STREET ADDRESS **4755 KEY DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL 0**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brent L. Seale **BRENT L. SEALE**

2/20/96

407-867-1547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)