

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90009 050 \*\*\*\*70.00

**DOCUMENT # 710915**

1. Entity Name

TITUSVILLE RIFLE AND PISTOL CLUB, INC.



Principal Place of Business

2299 HATBILL ROAD  
PO BOX 6482  
TITUSVILLE FL 32782-6482

Mailing Address

2299 HATBILL ROAD  
PO BOX 6482  
TITUSVILLE FL 32782-6482



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
59-2924740

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROADWELL, RAY C  
4485 BURKHOLM RD.  
MIMS FL 32754

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME BAKER, CRAIG  
STREET ADDRESS 515 N CARPENTER RD  
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE D  
NAME BATCHELDER, SCOTT  
STREET ADDRESS 1964 TURPENTINE RD.  
CITY-ST-ZIP MIMS, FL 32754 ☐ Change ☒ Addition

TITLE T  
NAME BROADWELL, RAY  
STREET ADDRESS 4485 BURKHOLM RD  
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE D  
NAME BROOKS, GIL  
STREET ADDRESS 1505 JUSTIN CT.  
CITY-ST-ZIP TITUSVILLE, FL 32796 ☐ Change ☒ Addition

TITLE P  
NAME SUGGS, TOMMIE  
STREET ADDRESS 3240 TEAL ST  
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE D  
NAME TUCKER, KENNY  
STREET ADDRESS 3459 KILBEE ST.  
CITY-ST-ZIP MIMS, FL 32754 ☐ Change ☒ Addition

TITLE D  
NAME PARISO, GEORGE  
STREET ADDRESS 4048 GRANTLINE RD  
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME LOVELAND, DEAN  
STREET ADDRESS 2551 WESTMINSTER TERR.  
CITY-ST-ZIP OVIEDO FL 32756 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME SUGGS, MICHELLE  
STREET ADDRESS 3240 TEAL ST.  
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray C Broadwell RAY C BROADWELL

2-1-08 321 267-3876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #