

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 # 717391

(7)

1. Corporation Name

EUSTIS GUN CLUB, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 1284
EUSTIS FL 32727

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EUSTIS FL 32727

3. Date Incorporated or Qualified
10/20/1969

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2099211

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

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

LIVINGSTON, JAMES A
955 NORTH PALM CIRCLE
EUSTIS FL 32726

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PAYNE, JOHN
STREET ADDRESS 28620 TAMMI DR.
CITY-ST-ZIP TAVARES FL

DELETE

1.1 TITLE President - ☒ Change ☐ Addition
1.2 NAME Rick Burlingame
1.3 STREET ADDRESS 27934 Shirley Shores Rd.
1.4 CITY-ST-ZIP TAVARES, FL32778

TITLE VD
NAME LEHOTY, PAUL
STREET ADDRESS 202 E MAGNOLIA AVE
CITY-ST-ZIP HOWEYINTHEHILLS FL

DELETE

2.1 TITLE V. Pres. - ☒ Change ☐ Addition
2.2 NAME Ronald Howard
2.3 STREET ADDRESS 325 N. Sunset Dr., Mt. Dora, FL32757
2.4 CITY-ST-ZIP

TITLE COB
NAME LANIER, DAVID
STREET ADDRESS 29140 SHIRLEY SHORES DR.
CITY-ST-ZIP TAVARES FL

DELETE

3.1 TITLE Chairman of Board - ☒ Change ☐ Addition
3.2 NAME John Payne
3.3 STREET ADDRESS 28620 Tammi Dr., Tavares, FL32778
3.4 CITY-ST-ZIP

TITLE SD
NAME MCCAUSLIN, GERALDINE
STREET ADDRESS 31609 GLADYS LANE
CITY-ST-ZIP TAVARES FL

DELETE

4.1 TITLE Board Member - ☒ Change ☐ Addition
4.2 NAME David Lanier
4.3 STREET ADDRESS 29140 Shirley Shores Dr.
4.4 CITY-ST-ZIP TAVARES, FL32778

TITLE D
NAME SWETT, ART
STREET ADDRESS 110 RIDGEVIEW DR.
CITY-ST-ZIP EUSTIS FL

DELETE

5.1 TITLE Board Member - ☒ Change ☐ Addition
5.2 NAME Richard O. Barton
5.3 STREET ADDRESS 407 Glasgow Ct.
5.4 CITY-ST-ZIP Leesburg, FL34788

TITLE D
NAME MCCAUSLIN, TERRY
STREET ADDRESS 31609 GLADYS LANE
CITY-ST-ZIP TAVARES FL

DELETE

6.1 TITLE Board Member - ☒ Change ☐ Addition
6.2 NAME Carey Baker
6.3 STREET ADDRESS 4255 W. Old Hwy. 441
6.4 CITY-ST-ZIP Mt. Dora, FL32757

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: Richard O. Barton RICHARD O. BARTON, TREAS 2/1/96 (352) 742-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)