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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:20

DOCUMENT # 730114 (6)

1. Corporation Name
SOUTH TAMAMI TRAIL RANGERS BLACK POWDER RIFLE AND PISTOL CLUB, INC.

Principal Place of Business Mailing Address
**C/O JACK M. MODESTO
4088 GINGOLD ST.
PORT CHARLOTTE FL 33948
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-1885543** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address
21 **4088 GINGOLD ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Port Charlotte, Fla. 28
Zip Country 29 Zip Country
33948 Charlotte 30

9. Name and Address of Current Registered Agent
**MODESTO, JACK M.
4088 GINGOLD STREET
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE *Jack M. Modesto* DATE **28 Feb, 1995**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	WESTIAKE, DON
STREET ADDRESS	2212 PALM TREE DR.
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	V/P
NAME	DUNKHASE, HENRY
STREET ADDRESS	18190 STEEL AVE.
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	S
NAME	LEE, RAY
STREET ADDRESS	24300 AIRPORT ROAD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	Y
NAME	MODESTO, JACK
STREET ADDRESS	4088 GINGOLD ST.
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	POWELL, JERRY
STREET ADDRESS	629 E VIRGINIA AVENUE
CITY - ST - ZIP	PORT GORDA FL
TITLE	D
NAME	MERCER, DAVID
STREET ADDRESS	524 TABOR ST
CITY - ST - ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(2)(b), 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 this corporation or the receiver or trustee or empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Jack M. Modesto* DATE **28 Feb, 1995** **813-624-4135**
Signature and typed or printed name of signing officer or director