

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 # 730114 (6)

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



Principal Place of Business: **4000 GINGOLD ST. PORT CHARLOTTE FL 33948 US**
Mailing Address: **C/O JACK M. MODESTO 4000 GINGOLD ST. PORT CHARLOTTE FL 33948 US**

3. Date Incorporated or Qualified: **07/01/1974**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business: **21 29494 CLARK DRIVE**
22 Suite, Apt. #, etc.
23 City & State: **Punta Gorda, Fla.**
24 Zip: **33982**
25 Country: **CHARLOTTE**
26 Mailing Address: **29494 CLARK DRIVE**
27 Suite, Apt. #, etc.
28 City & State: **Punta Gorda, Fla.**
29 Zip: **33982**
30 Country: **CHARLOTTE**

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

9. Name and Address of Current Registered Agent: **MODESTO, JACK M. 4000 GINGOLD STREET 29494 CLARK DRIVE PORT CHARLOTTE FL 33948 Punta Gorda, Fla. 33982**
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 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: *Jack M. Modesto* **13 April 1996**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WESTHAKE, DON	
STREET ADDRESS	2212 PALM TREE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	DUNKHASE, HENRY	
STREET ADDRESS	18190 STEEL AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEE, RAY	
STREET ADDRESS	24300 AIRPORT ROAD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MODESTO, JACK	
STREET ADDRESS	4000 GINGOLD ST. 29494 CLARK DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL Punta Gorda Fla. 33982	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, JERRY	
STREET ADDRESS	629 E VIRGINIA AVENUE	
CITY-ST-ZIP	PORT GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERCER, DAVID	
STREET ADDRESS	524 TABOR ST	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Jones	
1.3 STREET ADDRESS	803 LUCIA DRIVE	
1.4 CITY-ST-ZIP	Punta Gorda, Fla. 33950	
2.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARL HERZOG	
2.3 STREET ADDRESS	813 LUCIA DRIVE	
2.4 CITY-ST-ZIP	Punta Gorda, Fla. 33950	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jack M. Modesto* **13 April 1996** **941-629-4135**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)