

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 730114

Entity Name: SOUTH TAMIAMI TRAIL RANGERS BLACK POWDER RIFLE AND PISTOL CLUB, INC.

Current Principal Place of Business:

26201 BARCELOS CT.
PUNTA GORDA, FL 339835326 US

New Principal Place of Business:

Current Mailing Address:

26201 BARCELOS CT.
PUNTA GORDA, FL 339835326 US

New Mailing Address:

FEI Number: 59-1885543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHETTINO, ROBERT.
26201 BARCELOS CT.
PUNTA GORDA, FL 339835326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FAXON, DAVID
Address: 36481 WASHINGTIN LOOP RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: P () Delete
Name: SCHETTINO, ROBERT
Address: 26201 BARCE LOS CT
City-St-Zip: PUNTA GORDA, FL 33955

Title: S () Delete
Name: WEBBER, MEL
Address: 26290 RAMPART BLVD.
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: FAXON, DAVID
Address: 36481 WASHINGTON LOOP RD
City-St-Zip: PUNTA GORDA, FL

Title: D () Delete
Name: FRANK, JOE
Address: 19200 DURRRANCE RD.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: DAISEY, ROBERT
Address: 534 LINDLEY TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SCHETTINO

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date