

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 734824 (6)

95 JUN 14 AM 9:27

1. Corporation Name
FLORIDA KEYS SHOOTING CLUB, INC.

Principal Place of Business Mailing Address
**221 ALHAMBRA DR. P. O. BOX 2468
P.O. BOX 2468 KEY LARGO FL 33037
KEY LARGO FL 33037 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1976** 3a. Date of Last Report **03/16/1994**
4. FEI Number **65-0038046** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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 **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**OWEN, KIRBY D.
221 ALHAMBRA DR.
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
81 Name **Karl Beckmeyer**
82 Street Address (P.O. Box Number is Not Acceptable) **88539 Overseas Highway**
83
84 City **Tavernier** FL 85 Zip Code **33070**

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]* DATE **6/7/95**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	X T/S/D
NAME	KIRBY, OWEN
STREET ADDRESS	221 ALHAMBRA DR.
CITY - ST - ZIP	KEY LARGO, FL 0
TITLE	TD VP
NAME	ENLERS, GEORGE Kenny Grimes
STREET ADDRESS	200 GALEON LANE Mile Marker 95
CITY - ST - ZIP	SLAMORADA FL Key Largo, FL
TITLE	X D
NAME	HARRELSON, WILLIAM
STREET ADDRESS	14 POMPANO AVE.
CITY - ST - ZIP	KEY LARGO FL
TITLE	SD
NAME	MATSON, HARRIET
STREET ADDRESS	878 USI
CITY - ST - ZIP	KEY LARGO FL
TITLE	P/D
NAME	Mark Malka
STREET ADDRESS	225 Alahambra
CITY - ST - ZIP	Key Largo, FL
TITLE	D
NAME	T.J. Miller
STREET ADDRESS	Rt. 3 Box 254 B
CITY - ST - ZIP	Big Pine FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Don Morrell	
13 STREET ADDRESS	P.O. Box 500601 NA	
14 CITY - ST - ZIP	Marathon, FL	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Brad Bandlow	
23 STREET ADDRESS	P.O. Box 2169 NA	
24 CITY - ST - ZIP	Key Largo, FL	
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gary Freersken	
33 STREET ADDRESS	8255 Lake Drive #301	
34 CITY - ST - ZIP	Miami, FL	
41 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Chuck Starliper	
43 STREET ADDRESS	736 96th, Ocean	
44 CITY - ST - ZIP	Marathon, FL	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Emmitt Wattingly	
53 STREET ADDRESS	P.O. Box 1779 NA	
54 CITY - ST - ZIP	Key Largo, FL	
61 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	John Millon	
63 STREET ADDRESS	P.O. Box 2502 NA	
64 CITY - ST - ZIP	Key Largo, FL	

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(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: *[Signature]* DATE **6-7-95** (b)(1)(b) 305-451-5664

CR2E037 (3/95)