

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 # 734824 (6)

1. Corporation Name

FLORIDA KEYS SHOOTING CLUB, INC.



Principal Place of Business

Mailing Address

221 ALHAMBRA DR.
P.O. BOX 2468
KEY LARGO FL 33037

P. O. BOX 2468
KEY LARGO FL 33037
US

3. Date Incorporated or Qualified 01/19/1976	3a. Date of Last Report 06/14/1995
4. FEI Number 65-0038046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

BECKMEYER, KARL
88539 OVERSEAS HIGHWAY
TAVERNIER FL 33070

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

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	TSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, OWEN	1.2 NAME	
STREET ADDRESS	221 ALHAMBRA DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO, FL 0	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, KENNY	2.2 NAME	
STREET ADDRESS	MILE MARKER 95	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELSON, WILLIAM	3.2 NAME	
STREET ADDRESS	14 POMPANO AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTINGLY, EMMITT	4.2 NAME	
STREET ADDRESS	PO BOX 1779	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKA, MARK	5.2 NAME	
STREET ADDRESS	225 ALHAMBRA	5.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, T. J	6.2 NAME	
STREET ADDRESS	RT 3 BOX 254 B	6.3 STREET ADDRESS	
CITY - ST - ZIP	BIG PINE FL	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: *Kirby D. Owen* KIRBY D. OWEN Date: 1-22-96 Daytime Phone #: 305-451-5264

CR2E037 (12/95)