

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jul 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734824 (6)**

1. Corporation Name  
**FLORIDA KEYS SHOOTING CLUB, INC.**



Principal Place of Business <b>750 MADRID RD. KEY LARGO FL 33037</b>	Mailing Address <b>P. O. BOX 2468 KEY LARGO FL 33037 US</b>
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3. Date Incorporated or Qualified <b>01/19/1976</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>65-0038046</b>	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>8. Name and Address of Current Registered Agent</b>  <b>BECKMEYER, KARL 81990 OVERSEAS HIGHWAY #201 ISLAMORADA FL 33036</b>	<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>TSD KIRBY, OWEN 221 ALHAMBRA DR. KEY LARGO, FL 0</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	<b>D BROWN, JAMES 241 PLANTATION SHORES DR TAVERNIER FL 33070</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	<b>D HARRELSON, WILLIAM 14 POMPANO AVE. KEY LARGO FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	<b>D MURPHY, JOHN P.O. BOX 400 LONG KEY FL 33001</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>MURPHY, JOHN 144 BUTTWOOD LN LAYTON, FL 33001</b>
TITLE <input type="checkbox"/> DELETE	<b>PD MALKA, MARK 225 ALHAMBRA KEY LARGO FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	<b>V ELHERS, GEORGE P.O. BOX 94 ISLAMORADA FL 33036</b>	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>ELHERS, GEORGE 200 GALLEON LN ISLAMORADA FL 33036</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* **4-20-98 205-451-5266**

CR2E037 (10/97)