


FILE NOW: FILING FEE IS \$61.25

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90104 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 734824

1. Corporation Name
FLORIDA KEYS SHOOTING CLUB, INC.

| | |
|---|---|
| Principal Place of Business 750 MADRID RD. KEY LARGO FL 33037 | Mailing Address P. O. BOX 2468 KEY LARGO FL 33037 US |
|---|---|



| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 01/19/1976 | 4. FEI Number 65-0038046 Applied For 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 |
|---|--|---|--|--|--|

9. Name and Address of Current Registered Agent

BECKMEYER, KARL
81990 OVERSEAS HIGHWAY #201
ISLAMORADA FL 33038

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | TSD | <input type="checkbox"/> DELETE |
| NAME | KIRBY, OWEN | |
| STREET ADDRESS | 221 ALHAMBRA DR. | |
| CITY-ST-ZIP | KEY LARGO, FL 0 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROWN, JAMES | |
| STREET ADDRESS | 241 PLANTATION SHORES DR | |
| CITY-ST-ZIP | TAVERNIER FL 33070 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARRELSON, WILLIAM | |
| STREET ADDRESS | 14 POMPANO AVE. | |
| CITY-ST-ZIP | KEY LARGO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MURPHY, JOHN | |
| STREET ADDRESS | 144 BUTTONWOOD LN | |
| CITY-ST-ZIP | LAYTON FL 33001 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MALKA, MARK | |
| STREET ADDRESS | 225 ALAHAMBRA | |
| CITY-ST-ZIP | KEY LARGO FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ELHERS, GEORGE | |
| STREET ADDRESS | 200 GALLEON LN | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | TSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | KIRBY, OWEN | |
| 1.3 STREET ADDRESS | 750 MADRID RD. | |
| 1.4 CITY-ST-ZIP | Key Largo, FL 33037 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 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 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, with all other like empowered.

SIGNATURE: Katherine Harris **SIGNATURE REQUIRED** 2/16/99 305-451-500V
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)