

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008269

FILED
Mar 19, 2009
Secretary of State

Entity Name: PATRIOTS GUN CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

29725 SW 164 PL
HOMESTEAD, FL 330333250

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 343974
FLORIDA CITY, FL 330340974

New Mailing Address:

FEI Number: 26-4484772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OAKLEY, MATTHEW T
29725 SW 164 PL
HOMESTEAD, FL 330333250 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: OAKLEY, MATTHEW T
Address: P.O. BOX 343974
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: TRES () Change (X) Addition
Name: DUNCAN, CHADWICK
Address: 35250 SW 177 CT
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: SEC () Change (X) Addition
Name: SPITZER, BRUCE
Address: 137 SOUTH REDLAND RD, #103
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: OFFC () Change (X) Addition
Name: FRANKLIN, ACIE
Address: 26421 SW 134 PL
City-St-Zip: HOMESTEAD, FL 33032 US

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: MATTHEW T. OAKLEY

Electronic Signature of Signing Officer or Director

PRES

03/19/2009

_____ Date