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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13841**

1. Corporation Name
JACKSONVILLE GUN CLUB

Principal Place of Business	Mailing Address
12125 NEW BERLIN RD. JACKSONVILLE FL 32226	12125 NEW BERLIN RD. JACKSONVILLE FL 32226

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 03/14/1986

4. FEI Number: 59-6151255 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TEMPLE, W TROY
12125 NEW BERLIN ROAD
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name: ROLFE, LAWRENCE C.
82 Street Address (P.O. Box Number is Not Acceptable): 720 BLACKSTONE BUILDING
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32202

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: LAWRENCE C. ROLFE, SECRETARY — FEBRUARY 3, 1999 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	CLUB MANAGER	☒ Change ☐ Addition
NAME	MILLER, ED		1.2 NAME		
STREET ADDRESS	12125 NEW BERLIN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TEMPLE, W THOR		2.2 NAME		
STREET ADDRESS	12125 NEW BERLIN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	ROLFE, L. C.		3.2 NAME		
STREET ADDRESS	12125 NEW BERLIN RD.		3.3 STREET ADDRESS	720 BLACKSTONE BUILDING	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	FOSTER, B		4.2 NAME		
STREET ADDRESS	12125 NEW BERLIN RD		4.3 STREET ADDRESS	8003 STARGRASS COURT	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	PD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HARRELL, G.		5.2 NAME		
STREET ADDRESS	12125 NEW BERLIN RD.		5.3 STREET ADDRESS	3948 SUNBEAM ROAD, #8	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, CHUCK		6.2 NAME		
STREET ADDRESS	12125 NEW BERLIN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — February 3, 1999 — (904)358-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #