

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthoft  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000005440 (1)**

1. Corporation Name

**THE FORT MYERS FENCING CLUB, CORPORATION**



Principal Place of Business

Mailing Address

**1912 WINKLER AVE  
FT MYERS FL 33901**

**1912 WINKLER AVE  
FT MYERS FL 33901**

3. Date Incorporated or Qualified  
**11/14/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

21 **4210 Fowler St.**

26 **4210 Fowler St.**

4. FEI Number

**65-0647917**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Unit 9 & 10**

27 **Unit 9 & 10**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23 **Ft. Myers, FL**

28 **Ft. Myers, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33901**

25 **USA**

29 **33901**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, CHARLES B  
1912 WINKLER AVE  
FT MYERS FL 33901**

81 Name **Michelle Prettyman - Neely**

82 Street Address (P.O. Box Number is Not Acceptable)

**12690 Equestrian Circle**

83 **\* 240T**

84 City **Ft. Myers**

**FL**

85 Zip Code **33907**

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 the filer (if applicable)

(Not Registered Agent signature required when reinstating)

DATE

**6/19/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

1.1 TITLE **P/D**  Change  Addition  
 1.2 NAME **Michelle Prettyman - Neely**  
 1.3 STREET ADDRESS **12690 Equestrian Circle, \* 240T**  
 1.4 CITY-ST-ZIP **Ft. Myers, FL 33907**  
 2.1 TITLE **V/D**  Change  Addition  
 2.2 NAME **Randy Rundgren**  
 2.3 STREET ADDRESS **19097 Marcott Dr. W.**  
 2.4 CITY-ST-ZIP **Bonita Springs, FL 33912**  
 3.1 TITLE **S/D**  Change  Addition  
 3.2 NAME **Scott Goodwin**  
 3.3 STREET ADDRESS **18259 Cutlass Dr.**  
 3.4 CITY-ST-ZIP **Ft. Myers, FL 33931**  
 4.1 TITLE **T**  Change  Addition  
 4.2 NAME **Stephen Leung**  
 4.3 STREET ADDRESS **1425 Alcazar Ave.**  
 4.4 CITY-ST-ZIP **Ft. Myers, FL 33901**

**100001917111**  
**08/08/96 01099 004**  
**\*\*\*61.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**6/19/96 941 338 4000**

CR2E037 (12/95)