FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:20

DOCUMENT # 730114 (6)

1. Corporation Name

SOUTH TAMIAMI TRAIL RANGERS BLACK POWDER RIFLE A ND PISTOL CLUB, INC.

Principal Place of Business	Mailing Address
C/O JACK M. MODESTO 4088 GINGOLD ST. PORT CHARLOTTE FL 33948 US	C/O JACK M. MODESTO 4088 GINGOLD ST. PORT CHARLOTTE FL 33948 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1974
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1885543 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4088 Gingold St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort Charlotte, Fla.	28 City & State
24 Zip: 33948 25 Country: Charlotte	29 Zip 30 Country

9. Name and Address of Current Registered Agent

MODESTO, JACK M.
4088 GINGOLD STREET
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: Jack M. Modesto — DATE: 2-26-1995
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	WESTLAKE, DON	12 NAME	
STREET ADDRESS	2212 PALM TREE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	
TITLE	VP/T	21 TITLE	☐ Change ☐ Addition
NAME	DUNKHASE, HENRY	22 NAME	
STREET ADDRESS	18190 STEEL AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LEE, RAY	32 NAME	
STREET ADDRESS	24300 AIRPORT ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MODESTO, JACK	42 NAME	
STREET ADDRESS	4088 GINGOLD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	POWELL, JERRY	52 NAME	
STREET ADDRESS	629 E VIRGINIA AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	PORT GORDA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MERCER, DAVID	62 NAME	
STREET ADDRESS	524 TABOR ST	63 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	64 CITY-ST-ZIP	

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)(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 asterisk.

SIGNATURE: Jack M. Modesto — 2-26-1995 — 813-629-4135
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0981008