FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 730114 (6)

1. Corporation Name

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

Principal Place of Business	Mailing Address
~~4000 GINGOLD ST.~~ ~~PORT CHARLOTTE FL 33948~~ US	C/O JACK M. MODESTO ~~4000 GINGOLD ST.~~ ~~PORT CHARLOTTE FL 33948~~ US

3. Date Incorporated or Qualified: 07/01/1974
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business	2a. Mailing Address
21 29494 Clark Drive	26 29494 Clark Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Punta Gorda, Fla.	28 City & State: Punta Gorda, Fla.
24 Zip: 33982 25 Country: Charlotte	29 Zip: 33982 30 Country: Charlotte

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

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

9. Name and Address of Current Registered Agent

MODESTO, JACK M.
~~4000 GINGOLD STREET~~ 29494 Clark Drive
~~PORT CHARLOTTE FL 33948~~ Punta Gorda, Fla.
33982

10. Name and Address of New Registered Agent

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

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: Jack M. Modesto 13 April 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WESTLAKE, DON ~~2212 PALM TREE DR.~~ ~~PUNTA GORDA FL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Richard Jones 803 Lucia Drive Punta Gorda, Fla. 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DUNKHASE, HENRY 18190 STEEL AVE. PORT CHARLOTTE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPT Carl Herzog 813 Lucia Drive Punta Gorda, Fla, 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEE, RAY 24300 AIRPORT ROAD PUNTA GORDA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MODESTO, JACK ~~4000 GINGOLD ST.~~ 29494 Clark Drive ~~PORT CHARLOTTE FL~~ Punta Gorda Fla. 33982	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, JERRY 629 E VIRGINIA AVENUE PORT GORDA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERCER, DAVID 524 TABOR ST PUNTA GORDA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Jack M. Modesto 13 April 1996 941-629-4135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #