

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **761221** (1)

1. Corporation Name

SARASOTA GUN CLUB, INC.



Principal Place of Business

Mailing Address

KNIGHT TRL PK. RUSTIC RD. LAUREL FL
P. O. BOX 802
NOKOMIS FL 34274-0802

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P. O. BOX 802
NOKOMIS FL 34274-0802

3. Date Incorporated or Qualified
12/23/1981

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1916803

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

GRANGER, FRANK W
840 SEABROOKE DR
ENGLEWOOD FL 34223

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

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 PD ☒ DELETE
NAME BAUM, ROB
STREET ADDRESS 5710 LORRAINE RD
CITY-ST-ZIP BRADENTON FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SHINGLEDECKER, MICHAEL
1.3 STREET ADDRESS 2085 REDFERN RD
1.4 CITY-ST-ZIP VENICE FL 34292

TITLE VD ☒ DELETE
NAME VACAR, RICK
STREET ADDRESS 1420 QUAIL DRIVE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME WHEELER, F. JOSEPH
2.3 STREET ADDRESS 5727 RIEGEL'S POINT DR.
2.4 CITY-ST-ZIP SARASOTA FL 34227

TITLE TD ☒ DELETE
NAME DAVIS, PATRICK B
STREET ADDRESS 1528 EWING STREET
CITY-ST-ZIP NOKOMIS FL

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME RUGH, RANDY
3.3 STREET ADDRESS 2903 58TH CT. EAST
3.4 CITY-ST-ZIP BRADENTON FL 34208

TITLE SD ☐ DELETE
NAME GRANGER, FRANK W
STREET ADDRESS 840 SEA BROOKE DR
CITY-ST-ZIP ENGLEWOOD FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: *Frank W. Granger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1996 441-475-6903
Date Daytime Phone #

CR2E037 (12/95)