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Apr 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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



3. Date Incorporated or Qualified
12/23/1981

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-1916803

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

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 SHINGLEDECKER, MICHAEL
STREET ADDRESS 2085 REDFERN RD
CITY-ST-ZIP VENIE FL

1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME MCINTIRE, LARRY R.
1.3 STREET ADDRESS 461 E. ROYAL FLAMINGO DR.
1.4 CITY-ST-ZIP SARASOTA, FL. 34236

TITLE VD ☒ DELETE
NAME WHEELER, JOSEPH F
STREET ADDRESS 5727 RIEGELS POINT DR
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD ☒ Change ☒ Addition
2.2 NAME BAUM, ROBERT A.
2.3 STREET ADDRESS 5710 LORRAINE RD.
2.4 CITY-ST-ZIP BRADENTON, FL. 34202

TITLE TD ☒ DELETE
NAME RUGH, RANDY
STREET ADDRESS 2903 58TH CT EAST
CITY-ST-ZIP BRADENTON FL

3.1 TITLE TD ☒ Change ☒ Addition
3.2 NAME BROWNE, JAMES R.
3.3 STREET ADDRESS 2206 EAST VILLAGE CT.
3.4 CITY-ST-ZIP VENICE, FL 34293

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 ~~Browne, James R.~~ ERROR
STREET ADDRESS ~~2206 East Village Ct.~~
CITY-ST-ZIP ~~Venice, FL 34293~~

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 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.

SIGNATURE:

Frank W. Granger

April 16, 1997

(941) 475-6903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084036

CR2E037 (9/96)