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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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P. O. BOX 802
NOKOMIS FL 34274-0802

3. Date Incorporated or Qualified

12/23/1981

4. FEI Number

59-1916803

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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
NAME MCINTIRE, LARRY R.
STREET ADDRESS 461 E. ROYAL FLAMINGO D R.
CITY-ST-ZIP SARASOTA FL ☒ DELETE

1.1 TITLE PD
1.2 NAME BARRON, DAVID A.
1.3 STREET ADDRESS 2046 TIMCUA TRAIL
1.4 CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Change ☒ Addition

TITLE VD
NAME BAUM, ROBERT A.
STREET ADDRESS 5710 LORRAINE ROAD
CITY-ST-ZIP BRANDENTON FL ☒ DELETE

2.1 TITLE VD
2.2 NAME BOEHEIM, FRED
2.3 STREET ADDRESS 756 SARABAY ROAD
2.4 CITY-ST-ZIP OSPREY, FL 34229 ☐ Change ☒ Addition

TITLE TD
NAME BROWNE, J
STREET ADDRESS 2206 E. VILLAGE CT.
CITY-ST-ZIP VENICE FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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: T. L. M. HARRISON, FRANK W. GRANGER 2-18-98 84475-6803

CR2E037 (10/97)