

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90036 034 ****61.25

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DOCUMENT # N31905

1. Corporation Name

MARCO ISLAND ROD AND GUN CLUB, INC.

Principal Place of Business

PO BOX 2104
MARCO ISLAND FL 34146-104
US

Mailing Address

PO BOX 2104
MARCO ISLAND FL 34146-104
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/24/1989

4. FEI Number

65-0276781

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

9. Name and Address of Current Registered Agent

GREUSEL, JAMIE B.
1104 N. COLLIER BLVD
MARCO ISLAND FL 33937

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HARKNESS, LEE H**
STREET ADDRESS **1651 BARBADOS CT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **TD** ☐ DELETE
NAME **DARR, TOM**
STREET ADDRESS **451 SAND HILL STREET**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **SD** ☐ DELETE
NAME **J=KLEIN, TONY**
STREET ADDRESS **980 SAN MARCO RD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VPD** ☐ DELETE
NAME **RIGERS, RICHARD**
STREET ADDRESS **1542 SAN MARCO RD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☒ Change ☐ Addition
1.2 NAME **ROBERT RICHARDSON**
1.3 STREET ADDRESS **1724 WAVECREST CT.**
1.4 CITY-ST-ZIP **MARCO ISLAND, FL. 34145**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **ROGERS, RICHARD**
4.3 STREET ADDRESS **1542 SAN MARCO RD.**
4.4 CITY-ST-ZIP **MARCO ISLAND, FL. 34145**

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

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

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, with all other like empowered.

SIGNATURE:

Richard Rogers **RICHARD ROGERS**

1/24/99 9416420206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)