

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90072 018 ****61.25

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DOCUMENT # 761221

1. Corporation Name

SARASOTA GUN CLUB, INC.

456955 - 90072 - 18

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/23/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1916803

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 BROWNE, James R.

82 Street Address (P.O. Box Number is Not Acceptable)

2206 East Village Ct.

83

84 City Venice

FL

85 Zip Code 34223

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 BARRON, DAVID A
STREET ADDRESS 2046 TIMCUA TRAIL
CITY-ST-ZIP NOKOMIS FL 34275

DELETE

TITLE VD
NAME BOEHEIM, FRED
STREET ADDRESS 756 SARABAY RD
CITY-ST-ZIP OSPREY FL 34229

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 (941) 488-3223

Date

Daytime Phone #

CR2E037 (11/98)