

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 030 ****61.25

DOCUMENT # 730114

1. Corporation Name

SOUTH TAMiami TRAIL RANGERS BLACK POWDER RIFLE AND PISTOL CLUB, INC.

Principal Place of Business

29494 CLARK DRIVE
PUNTA GORDA FL 33982
US

Mailing Address

2949 CLARK DRIVE
PUNTA GORDA FL 33982
US



2. Principal Place of Business

29494 Clark Drive
Suite, Apt. #, etc.

2a. Mailing Address

29494 Clark Drive
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/01/1974

4. FEI Number

59-1885543

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

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

Zip
33982

Country
Charlotte

Zip
33982

Country
Charlotte

9. Name and Address of Current Registered Agent

MODESTO, JACK M.
29494 CLARK DRIVE
PUNTA GORDA FL 33982

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: *Jack M. Modesto*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 7-7-99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETED |
|-------|-----------------|------------------------|-------------------|-------------------------------------|
| PD | RAY LEE | 24300 AIRPORT RD | PUNTA GORDA FL | <input checked="" type="checkbox"/> |
| VPT | DONALD WESTLAKE | 2212 PALM TREE DR | PUNTA GORDA FL | <input checked="" type="checkbox"/> |
| S | CHUCK GAUSE | 23401 WESTCHESTER BLVD | PORT CHARLOTTE FL | <input type="checkbox"/> |
| T | MODESTO, JACK | 29494 CLARK DRIVE | PUNTA GORDA FL | <input type="checkbox"/> |
| D | POWELL, JERRY | 629 E VIRGINIA AVENUE | PORT GORDA FL | <input checked="" type="checkbox"/> |
| D | MERCER, DAVID | 524 TABOR ST | PUNTA GORDA FL | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|---------------------|----------------------|------------------------|--------------------------|--------------------------|
| | P.D. DONALD Jelinek | 8321 ARBOR FIELD CT. | FT. MEYERS, FL. 33912 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change | Addition |
| | V.P.T. DAVE NOACK | 27137 SAVORY DRIVE | Punta Gorda, FL, 33950 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change | Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change | Addition |
| | RAY LEE | 24300 AIRPORT ROAD | Punta Gorda, FL. 33950 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change | Addition |
| | Dalgrid NORMANTH | 1915 S.E. 20th St. | Cape Coral, FLA. 33990 | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Jack M. Modesto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)