

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90046 026 \*\*\*\*61.25

**DOCUMENT # 730114**

1. Entity Name

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



Principal Place of Business

26201 BARCELOS CT.  
PUNTA GORDA FL 33983-5326  
US

Mailing Address

26201 BARCELOS CT.  
PUNTA GORDA FL 33983-5326  
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1885543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHETTINO, ROBERT.  
26201 BARCELOS CT.  
PUNTA GORDA FL 33983-5326**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VP  
NAME: FAXON, DAVID ☐ Delete  
STREET ADDRESS: 36481 WASHINGTON LOOP RD  
CITY-ST-ZIP: PUNTA GORDA FL 33982

TITLE: P  
NAME: SCHETTINO, ROBERT ☐ Delete  
STREET ADDRESS: 26201 BARCELOS CT  
CITY-ST-ZIP: PUNTA GORDA FL 33955

TITLE: S ☒ Delete  
NAME: FAXON, DAVID  
STREET ADDRESS: 36481 WASHINGTON LOOP RD  
CITY-ST-ZIP: PUNTA GORDA FL 33982

TITLE: T ☐ Delete  
NAME: FAXON, DAVID  
STREET ADDRESS: 36481 WASHINGTON LOOP RD  
CITY-ST-ZIP: PUNTA GORDA FL

TITLE: D ☒ Delete  
NAME: LEE, RAY  
STREET ADDRESS: 24300 AIRPORT ROAD  
CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: D ☒ Delete  
NAME: NORMANTH, ALGRID  
STREET ADDRESS: 1915 SE 20TH ST  
CITY-ST-ZIP: CAPE CORAL FL 33990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME: **SECRETARY**  
STREET ADDRESS: **MEL WEBBER**  
CITY-ST-ZIP: **26290 RAMPART BLVD.  
PUNTA GORDA, FL 33983**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME: **DIRECTOR**  
STREET ADDRESS: **JOE FRANK**  
CITY-ST-ZIP: **19200 DULANCE RD.  
NORTH FORT MYERS, FL 33917**

TITLE: ☒ Change ☐ Addition  
NAME: **DIRECTOR**  
STREET ADDRESS: **ROBERT DAISEY**  
CITY-ST-ZIP: **534 LINDLEY TERRACE  
PORT CHARLOTTE, FL 33952**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Schettino*

Robert Schettino

3/5/07

941-743-5613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #