


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 08:00 A
Secretary of State

DOCUMENT # N10423 1. Entity Name MARKHAM SKEET & TRAP CLUB, INC.	
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Principal Place of Business P.O. BOX 130298 SUNRISE, FL 33313-7003	Mailing Address P.O. BOX 130298 SUNRISE, FL 33313-7003
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DO NOT WRITE IN THIS SPACE



06202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0140081	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TUCKER, NANCY A
 460 NW 36 DR
 OAKLAND PARK, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KESHEN, CARY 1225 BALBOA COURT WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYLL, GEORGE 4701 SW 13TH COURT DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, MICHAEL 4970 SW 170TH AVE FT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, ROBERT 460 NW 36 ST OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOULD, STEPHEN 3306 COMMADORE CT WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, EDWARD 16590 LAKETREE DRIVE WESTON, FL 33326

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 06/26/07-80003-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Stephen M. Gould, Treasurer 6/20/07 (954) 557-5849
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #