

**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.



Principal Place of Business

Mailing Address

P.O. BOX 130298
SUNRISE, FL 33313-7003

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SUNRISE, FL 33313-7003

DO NOT WRITE IN THIS SPACE



06202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0140081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

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

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06/26/07-80003-007 61.25

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IN THIS SPACE**

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 **Stephen M. Gould, Treasurer**

6/20/07 (954) 557-5849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone