## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # 761221



**FILED** Jul 18, 2007 8:00 am Secretary of State

1. Entity Name SARASOTA GUN CLUB, INC.							07-	-18-2007 900	)47 046 **	***61.25	
3445 RUSTIC RD SAR NOKOMIS, FL 34275 P. C			P. O. BOX 802	ARASOTA GUN CLUB INC							
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07152007 C	hg-NP	CR2E037	7 (12/06)	
City & State			City & State				4. FEI Number 59-1916803				pplied For ot Applicable
Zip Country		Zip	Zip Cou		ry 5. Certific					3.75 Additional e Required	
6. Name and Address of Current Registere			Registered Agent				7. Name and Ad	dress of New R	egistered A	gent	
CALDERC	NE ROB	ERT			Name						
CALDERONE, ROBERT 3322 SHEFFIELD CIR SARASOTA, FL 34239				Street Address			(P.O. Box Number is Not Acceptable)				
									<b></b>	•	
					City				FL	Zip Code	е
	named entit	y submits this statement for tered agent.	r the purpose of changing	j its register	ed office or r	registere	ed agent, or both, w	n the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Sloparure propo	or printed name of registered agent	and title if applicable	NOTE Reporters	o Agent signature	-			DATE		
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	Orginalato, 17 pou			TOTE Nagistore	o ngoni signature	s tadniso	when reinstating)				
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D 10.	Filing Fe ue by Ser	e is \$61.25	9. Election Trust Fu	Campaign F	Financing tion. [		\$5.00 May Be	Flor	ake check ida Depart	ment of St	tate
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 - 16 -67 Date

941-966-4433 Daytime Phone #