

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710915

Entity Name: TITUSVILLE RIFLE AND PISTOL CLUB, INC.**Current Principal Place of Business:**2299 HATBILL ROAD
MIMS, FL 32754**Current Mailing Address:**P.O.BOX 314
MIMS, FL 32754**FEI Number:** 59-2924740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, ALEXANDRIA ASHLEY
1540 JUSTIN COURT
TITUSVILLE, FL 32796 US*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.***SIGNATURE:** ALEXANDRIA ASHLEY CAMPBELL

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CAMPBELL, ALEXANDRIA ASHLEY
Address 1540 JUSTIN COURT
City-State-Zip: TITUSVILLE FL 32796

Title OFFICER
Name LOVELAND, DEAN
Address 2551 WESTMINSTER TERR
City-State-Zip: OVIEDO FL 32765

Title VP
Name PARISO, GEORGE
Address 4048 GRANTLINE RD
City-State-Zip: MIMS FL 32754

Title PRESIDENT
Name BROOKS, JAMES GILVEN
Address 1540 JUSTIN COURT
City-State-Zip: TITUSVILLE FL 32796

Title SECRETARY
Name KRIENKE, RODNEY
Address 14729 CAPOTE LANE
City-State-Zip: ORLANDO FL 32828

Title OFFICER
Name CARNER, DANA
Address 1650 VALLEY FORGE DRIVE
City-State-Zip: TITUSVILLE FL 32796

Title OFFICER
Name O'NEIL, G. D.
Address 6473 HAROLD AVENUE
City-State-Zip: COCOA FL 32927

Title DIRECTOR
Name THOMPSON, ROBERT
Address 3715 PENNSYLVANIA AVENUE
City-State-Zip: MIMS FL 32754

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDRIA ASHLEY CAMPBELL

TREASURER

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MERCKLE, FLOYD
Address 1635 MILTON STREET
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name KILGORE, JAMES R
Address 342 STUART TRAIL
City-State-Zip: GENEVA FL 32732

Title DIRECTOR
Name BRANDT, FRANK
Address 6415 BANYAN STREET
City-State-Zip: COCOA FL 32927

Title DIRECTOR
Name YOUNG, TIMOTHY
Address 470 FREEMAN ROAD NW
City-State-Zip: PALM BAY FL 32907

Title DIRECTOR
Name PAMMER, LEONARD
Address 515 WEXDON COURT
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name BENNETT, BRUCE
Address 2385 SYKES CREEK DRIVE
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR
Name BUTLER, FRANCIS P
Address 4489 ASHLEY DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name BONAVENTURE, SALVATORE
Address 2415 E FRIDAY CIRCLE
City-State-Zip: COCOA FL 32926