

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761221

**Entity Name:** SARASOTA GUN CLUB, INC.**Current Principal Place of Business:**3445 RUSTIC RD  
NOKOMIS, FL 34275**Current Mailing Address:**SARASOTA GUN CLUB INC  
P. O. BOX 802  
NOKOMIS, FL 34274-0802**FEI Number:** 59-1916803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBSTER, DON  
3445 RUSTIC RD  
NOKOMIS, FL 34275 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	VOSNOS, WILLIAM
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	S
Name	WEBSTER, DON
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	D
Name	SARDOS, RICK
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	T
Name	THACKER, STEVE
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	VP
Name	BECKMAN, NORMAN
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	D
Name	BECKMAN, NORM
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	GLASER, WILLIAM
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	QUEEN, WILLIAM
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275

**Continues on page 2**

*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:** DONALD L WEBSTER JR**SECRETARY****01/15/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MINNIG, GEORGE
Address	3445 RUSTIC RD
City-State-Zip:	NOKOMIS FL 34275