SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702868** **(1)**

1. Corporation Name

NEW FORT MYERS GUN CLUB INC

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2215 ARCADIA STREET POST OFFICE BOX 1603 FT. MYERS FL 33902 US	2215 ARCADIA STREET POST OFFICE BOX 1603 FT. MYERS FL 33902 US

3. Date Incorporated or Qualified: 09/08/1961
3a. Date of Last Report: 08/09/1994

4. FEI Number: 59-1843594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAMUTIS, MICHAEL W.
2967 RIBBON CT.
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent, and title if applicable. NOTE: Registered Agent signature required when mailing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GALLO, MORRIS	12 NAME	
STREET ADDRESS	12734 KENWOOD LANE S.W.	13 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL 33907	14 CITY ST ZIP	
TITLE	S	21 TITLE	D ☒ Change ☐ Addition
NAME	TAMUTIS, MICHAEL W	22 NAME	TAMUTIS, MICHAEL W
STREET ADDRESS	2967 RIBBON CT.	23 STREET ADDRESS	2967 RIBBON CT.
CITY ST ZIP	FT MYERS FL 33905	24 CITY ST ZIP	FT MYERS FL 33905
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DUNN, LEE	32 NAME	
STREET ADDRESS	2822 N.W. 4TH STREET	33 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33909	34 CITY ST ZIP	
TITLE	D	41 TITLE	S ☒ Change ☐ Addition
NAME	KROUSE, JAMES	42 NAME	KROUSE, JAMES
STREET ADDRESS	303 BELAIRE RD.	43 STREET ADDRESS	303 BELAIRE RD.
CITY ST ZIP	FORT MYERS FL 33905	44 CITY ST ZIP	FORTMYERS FL 33905
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BEDFORD, ROBERT	52 NAME	
STREET ADDRESS	621 S.W. 3RD CT #102A	53 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33991	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

941-994-4444

SIGNATURE: Lee Dunn (Treas) Lee Dunn July-10-95