

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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



Principal Place of Business

Mailing Address

2215 ARCADIA STREET
POST OFFICE BOX 1603
FT. MYERS FL 33092
US

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POST OFFICE BOX 1603
FT. MYERS FL 33092
US

3. Date incorporated or Qualified

09/08/1961

3a. Date of Last Report

07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLO, MORRIS	
STREET ADDRESS	12734 KENWOOD LANE S.W.	
CITY-STATE-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAMUTIS, MICHAEL W	
STREET ADDRESS	2967 RIBBON CT.	
CITY-STATE-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUNN, LEE	
STREET ADDRESS	2622 N.W. 4TH STREET	
CITY-STATE-ZIP	CAPE CORAL FL 33909	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROUSE, JAMES	
STREET ADDRESS	303 BELAIRE RD.	
CITY-STATE-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDFORD, ROBERT	
STREET ADDRESS	621 S.W. 3RD CT #102A	
CITY-STATE-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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)(k), 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.

SIGNATURE:

Lee Dunn **Lee Dunn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-06-96
Date

941-574-4444
Daytime Phone #

CR2E037 (12/95)