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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702868 (1)

1. Corporation Name
NEW FORT MYERS GUN CLUB INC

Principal Place of Business 2215 ARCADIA STREET POST OFFICE BOX 1603 FT. MYERS FL 33902 US	Mailing Address P.O BOX 1603 POST OFFICE BOX 1603 FT. MYERS FL 33902 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/08/1961
4. FEI Number 59-1843594
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLO, MORRIS	
STREET ADDRESS	12734 KENWOOD LANE S.W.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAMUTIS, MICHAEL W	
STREET ADDRESS	2967 RIBBON CT.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUNN, LEE	
STREET ADDRESS	2622 N.W. 4TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROUSE, JAMES	
STREET ADDRESS	303 BELAIRE RD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDFORD, ROBERT	
STREET ADDRESS	621 S.W. 3RD CT #102A	
CITY-ST-ZIP	CAPE CORAL FL 33901	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Lee Dunn* **LEE DUNN** 3-10-98 941-770-8946

CR2E037 (10/97)