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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

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DOCUMENT # 702868

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



2. Principal Place of Business

21 743 SE 11<sup>th</sup> Ave

Suite, Apt. #, etc.

22

23 CAPE CORAL FL.

24 33990 25 U.S.A.

2a. Mailing Address

26 2622 N.W 4<sup>th</sup> ST

Suite, Apt. #, etc.

27

28 CAPE CORAL FL.

29 33993 30 U.S.A.

3. Date Incorporated or Qualified

09/08/1961

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME GALLO, MORRIS  
STREET ADDRESS 12734 KENWOOD LANE S.W.  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ DELETE

NAME TAMUTIS, MICHAEL W  
STREET ADDRESS 2967 RIBBON CT.  
CITY-ST-ZIP FT MYERS FL

TITLE T ☐ DELETE

NAME DUNN, LEE  
STREET ADDRESS 2622 N.W. 4TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE S ☐ DELETE

NAME KROUSE, JAMES  
STREET ADDRESS 303 BELAIRE RD.  
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE

NAME BEDFORD, ROBERT  
STREET ADDRESS 621 S.W. 3RD CT #102A  
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)