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 # 705137 (8)

1. Corporation Name

WYOMING ANTELOPE CLUB, FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
3700 126TH AVE N PO BOX 724 PINELLAS PK FL 34664	P.O. BOX 22352 ST PETERSBURG FL 33742-2352 US

3. Date Incorporated or Qualified: 01/31/1963

3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-2506422 ☐ 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

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

9. Name and Address of Current Registered Agent

MOBERLEY, JAMES O
425 33RD AVE NORTH
ST.PETERSBURG FL 33704

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	KATE HUMMEL	☒ Change ☐ Addition
NAME	BEDNPRCZYK, LINOP		1.2 NAME		
STREET ADDRESS	5993 DUNFRIES ST NO		1.3 STREET ADDRESS	13891 87th Ave No	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	Seminole, FL 34646	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIPPLE, FRANK B.		2.2 NAME		
STREET ADDRESS	7070 60TH STREET N		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIERBOWER, STEWART A.		3.2 NAME		
STREET ADDRESS	1500 81ST AVENUE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAYWORTH, CHUCK		4.2 NAME		
STREET ADDRESS	1320 50TH AVENUE NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANE, WOODY		5.2 NAME		
STREET ADDRESS	2610 61 SO AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEBBER, CHARLES E.		6.2 NAME		
STREET ADDRESS	1500 BAYSHORE BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: _____ 4-12-96 (813) 539-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #