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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **705137**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/31/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2506422 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCNRMABA, JOHN M
5763 CEDAR ST NE
ST.PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name: JOHN M MCNAMARA
82 Street Address (P.O. Box Number is Not Acceptable): 5763 CEDAR STREET N.E
83
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33703

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	See:	☐ Change ☒ Addition
NAME	KATE HUMMEL		1.2 NAME	JOHN M MCNAMARA	
STREET ADDRESS	13891 87TH AVENUE, NORTH		1.3 STREET ADDRESS	5763 CEDAR ST. N.E	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703	
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	HAYWORTH, CHARLES R		3.2 NAME		
STREET ADDRESS	1320 50TH AVENUE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		3.4. CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE	P	☐ Change ☐ Addition
NAME	BROWN, CHARLES		4. 2 NAME	ART HUMMEL	
STREET ADDRESS	3202 GANDY BLVD		4.3 STREET ADDRESS	13891 87TH AVE NO	
CITY-ST-ZIP	TAMPA FL 33611		4.4 CITY-ST-ZIP	SEMINOLE FL	
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUCHENE, ALIDA		5.2 NAME		
STREET ADDRESS	3455 35TH STREET NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TIODDEN, DAVID		6.2 NAME	DAVE TADDER	
STREET ADDRESS	7350 14 ST NE		6.3 STREET ADDRESS	7350 14 ST N.E	
CITY-ST-ZIP	ST PETE FL		6.4 CITY-ST-ZIP	ST. PETERSBURG. FL 337	

CR2E037 (11/98)

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 TREASURER 3-2-99 727-527-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #