

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708343

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE TALLAHASSEE RIFLE & PISTOL CLUB, INC.

Current Principal Place of Business:

P.O. DRAWER 7638
TALLAHASSEE, FL 32314 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 7638
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 23-7110950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAGDZIAK, MARY
1699 BEAVER CREEK DR.
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FLEMMING, MICHAEL
Address: 3579 GARDEN VIEW WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D () Delete
Name: KLISIEWECZ, GEORGE
Address: 5220 WIDEFIELD DR
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: S () Delete
Name: ETHERIDGE, NANCY
Address: 3589 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: MAGDZIAK, MARY
Address: 1699 BEAVER CREEK DR.
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: SOFF, JEFFERY
Address: 1901 SHERWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D () Delete
Name: FOWLER, JAMES
Address: 1768 BROKEN BOW TRL.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GOWAN, DAVID
Address: 134 LONNIE RAKER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KLISIEWECZ, FRANCES
Address: 5220 WIDEFIELD DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D (X) Change () Addition
Name: SANTOS, RAY
Address: 108 PEYTON CT
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES KLISIEWECZ, SECRETARY

S

04/30/2006

Electronic Signature of Signing Officer or Director

Date