2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90185 008 ****70.00

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1. Entity Name

THE TALLAHASSEE RIFLE & PISTOL CLUB, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 7638 TALLAHASSEE FL 32314 US	P.O. DRAWER 7638 TALLAHASSEE FL 32314 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7110950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAGDZIAK, MARY 1699 BEAVER CREEK DR. TALLAHASSEE FL 32304	Name: Mary Magdziak Street Address (P.O. Box Number is Not Acceptable): 1699 Beaver Creek Drive City: Havana FL Zip Code: 32333

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary Magdziak 3/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FLEMMING, MICHAEL 3579 GARDEN VIEW WAY TALLAHASSEE FL 32309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jim Norman 1610 Laguna Dr. Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLISICWECZ, GEORGE 5220 WIDEFIELD DR TALLAHASSEE FL 32309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP William Wills 2852-B Par Lane Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOWAN, DAVID 134 LONNIE RAKER LANE CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Geoffrey Kajcienski 6134 Borderline Drive Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAGDZIAK, MARY 1699 BEAVER CREEK DR. HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Burke 3049 Hickory Wind Road Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLISIEWECZ, FRANCES 5220 WIDEFIELD DRIVE TALLAHASSEE FL 32309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary ~~Freerksen~~ Freerksen 400 Capital Circle SE, Ste 18-298 Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTOS, RAY 108 PEYTON CT TALLAHASSEE FL 32317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Kirk 2205 Mulberry Blvd. Tallahassee, FL 32303	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Magdziak Mary Magdziak 3/26/07 850 508 4586
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #