

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

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **712195** (7)

1. Corporation Name

KEY WEST ROD AND GUN CLUB, INC.

Principal Place of Business

P. O. BOX 528
KEY WEST FL 33040
US

Mailing Address

P. O. BOX 528
KEY WEST FL 33040
US

3. Date Incorporated or Qualified
02/02/1967

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
54-0300881

Applied For
Not Applicable

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

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

24

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE, JOSEPH P
800-B OLIVA ST
KEY WEST FL 33040**

81 Name **LEIGHTON G. MORSE**

82 Street Address (P.O. Box Number is Not Acceptable)
444 WHITEHEAD ST.

83

84 City **KEY WEST, FL.** FL 85 Zip Code **33040**

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

LEIGHTON G. MORSE, TSD

6/11/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **EDWARDS, PETER R**
STREET ADDRESS **8 CANNON ROYAL DR**
CITY-ST-ZIP **SHARK KE**

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **JOSEPH P. GEORGE**
13 STREET ADDRESS **800-B OLIVA ST**
14 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **VD** ☐ DELETE
NAME **LEMMERT, ROBERT W.**
STREET ADDRESS **13 SOUTH AIRPORT DR.**
CITY-ST-ZIP **SUMMERLAND KEY FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **TSD** ☐ DELETE
NAME **GEORGE, JOSEPH P**
STREET ADDRESS **800-B OLIVA ST**
CITY-ST-ZIP **KEY WEST FL**

31 TITLE **TSD** ☐ Change ☒ Addition
32 NAME **LEIGHTON G. MORSE**
33 STREET ADDRESS **444 WHITEHEAD ST.**
34 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☒ DELETE
NAME **BRYE, DAVID A**
STREET ADDRESS **1703 SEMINARY ST**
CITY-ST-ZIP **KEY WEST FL**

41 TITLE ☐ Change ☐ Addition
42 NAME **EDWARD R. PETERS**
43 STREET ADDRESS **8 CANNON ROYAL DR.**
44 CITY-ST-ZIP **SHARK KEY, FL. 33040**

TITLE **D** ☐ DELETE
NAME **ROCKTESCHEL, ROBERT**
STREET ADDRESS **810 - 3RD ST.**
CITY-ST-ZIP **BIG COPPITT KEY FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

LEIGHTON G. MORSE, TSD

6/11/96

(305) 294-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)