

# 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 # 715309 (1)

1. Corporation Name

LAKELAND RIFLE AND PISTOL CLUB, INC.



Principal Place of Business: 2000 LASSO LN, LAKELAND FL 33801  
Mailing Address: 2000 LASSO LN, LAKELAND FL 33801

3. Date Incorporated or Qualified: 09/24/1968  
3a. Date of Last Report: 03/31/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2258200	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		28			<input type="checkbox"/>	
23	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SHULTZ  
SHULTZ, RONALD D.  
2000 LASSO LN  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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 LONG, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4902 CELIA CIR	1.2 NAME	
STREET ADDRESS	LAKELAND FL 33813	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SHULTZ, LOIS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1827 TRISTAM	2.2 NAME	
STREET ADDRESS	LAKELAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MARTIN, STEVEN A <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6553 FORESTWOOD	3.2 NAME	
STREET ADDRESS	LAKELAND FL 33811	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MILLER, LANCE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3123 BAIRD AVE	4.2 NAME	
STREET ADDRESS	LAKELAND FL 33805	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Ronald D. Shultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

3-7-96 941-665-0092

CR2E037 (12/95)