

FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90140 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715309**

1. Corporation Name  
**LAKELAND RIFLE AND PISTOL CLUB, INC.**

Principal Place of Business <b>2000 LASSO LN LAKELAND FL 33801</b>	Mailing Address <b>2000 LASSO LN LAKELAND FL 33801</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>09/24/1968</b>
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number <b>59-2258200</b>
22	27	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Zip Country	Zip Country	24 25 29 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SHULTZ, RONALD D. 2000 LASSO LN LAKELAND FL 33801</b>		81 Name	
		82 Street Address (P O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARY, ROBERT</b>	12 NAME	
STREET ADDRESS	<b>723 PILAKLAKAHA AVE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBOURNDALE FL 33823</b>	14 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULTZ, LOIS</b>	22 NAME	
STREET ADDRESS	<b>1827 TRISTAM</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	24 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEAR, RALPH</b>	32 NAME	
STREET ADDRESS	<b>1844 BEDIVERE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	34 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUETTERLIN, RICHARD</b>	42 NAME	
STREET ADDRESS	<b>4627 ARLINGTON PARK DR</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Lois F. Shultz* **Lois F. Shultz** Date: **3-15-99** Daytime Phone # \_\_\_\_\_

CR2E037 (1/198)