2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715309

FILED Apr 11, 2007 Secretary of State

Entity Name: LAKELAND RIFLE AND PISTOL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

2000 LASSO LN LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

2000 LASSO LN LAKELAND, FL 33801

FEI Number: 59-2258200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHULTZ, RONALD D. 2000 LASSO LN LAKELAND EL 33801

LAKELAND, FL 33801 US

OFFICERS AND DIRECTORS:

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

Electronic Olghature of Registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PS () Delete Title: PS (X) Change () Addition

 Name:
 SHULTZ, LOIS
 Name:
 BRELAND, DAVE

 Address:
 1827 TRISTAM
 Address:
 6725 ENGLELAKE DR

 City-St-Zip:
 LAKELAND, FL
 33813
 City-St-Zip:
 LAKELAND, FL
 33813

Title: VDVP () Delete Title: VDVP (X) Change () Addition Name: WATSON, GERALD Name: CONNER, ANTHONY

 Name
 WATSON, GERALD
 Name
 CONNER, ANTHONY

 Address:
 6236 CRANE DR
 Address:
 P O BOX 397

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 ALTURAS, FL 33820

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BROBECK, WAYNE
 Name:
 GERMAN, ROY

 Address:
 8683 SAN PAULO CRT
 Address:
 P O BOX 1225

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 POLK CITY, FL 33868

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 DRY, JIM
 Name:
 SHULTZ, LOIS

 Address:
 604 LAUREL DR
 Address:
 1827 TRISTRAM

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33813

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: LOIS F SHULTZ SD 04/11/2007