

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718032**

1. Entity Name  
**EVERGLADES RIFLE AND PISTOL CLUB, INC.**



Principal Place of Business  
P.O. BOX 21461  
W PALM BCH., FL 33416

Mailing Address  
P.O. BOX 21461  
W PALM BCH., FL 33416



01262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2359435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

PORTZ, DAVID C  
8001 SOUTH LAKE DR  
WEST PLAM BEACH, FL 33406

**DO NOT WRITE  
IN THIS SPACE**

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 **Dave Portz, President**

**1/26/2007**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PORTZ, DAVID C
STREET ADDRESS	8001 SOUTH LAKE DR
CITY-ST-ZIP	WEST PLAM BEACH, FL
TITLE	VD
NAME	CUMMINGS, GERALD
STREET ADDRESS	6019 GREENTREE LANE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	COHEN, HERBERT
STREET ADDRESS	115 LAKESHORE DR #1147
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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02/08/07-80055-018-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

**SIGNATURE:**

*Herbert Cohen* **Herbert Cohen** 01/31/07 561-622-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #