

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 # 718967 (3)

1. Corporation Name

THE ENGLEWOOD PISTOLEERS CLUB, INC.



Principal Place of Business

Mailing Address

**980 GILLESPIE ST
P. O. BOX 377
ENGLEWOOD FL 34223**

**980 GILLESPIE ST
P. O. BOX 377
ENGLEWOOD FL 34223**

3. Date Incorporated or Qualified
08/06/1970

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

4. FEI Number
59-2352818

Applied For
Not Applicable

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

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

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

**DICKINSON, ROBERT A
460 INDIANA AVE S
ENGLEWOOD FL 34223**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MULRYAN, WILLIAM	
STREET ADDRESS	980 GILLESPIE ST	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, BERNARD	
STREET ADDRESS	6548 THORMAN RD	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MULRYAN, PATRICIA	
STREET ADDRESS	980 GILLESPIE STREET	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FORSTER, ROBERT	Deceased
STREET ADDRESS	773 TANGERINE WOODS BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, JACK	Deceased
STREET ADDRESS	7201 MAMOUTH STREET	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANLEY, FOSTER	
STREET ADDRESS	7472 ESCONDIDO ST.	
CITY-ST-ZIP	ENGLEWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V.P.-D.
4.3 STREET ADDRESS	DEAN WAGEL
4.4 CITY-ST-ZIP	608 Pine Needle Lane Englewood, FL 34223
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D. Sidney Yawn
5.3 STREET ADDRESS	1024 Elaine St.
5.4 CITY-ST-ZIP	Venice, FL 34292
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **PATRICIA MULRYAN S/T** *Patricia L. Mulryan* **1/19/96** **941-474-2573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)