


FILE NOW: FILING FEE IS \$61.25

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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 980 GILLESPIE ST P. O. BOX 377 ENGLEWOOD FL 34223		Mailing Address 980 GILLESPIE ST P. O. BOX 377 ENGLEWOOD FL 34223-2323	
2. Principal Place of Business 21 9470 Boca Grande Ave Suite, Apt. #, etc. 22 City & State 23 As Above Zip 24 As Above		2a. Mailing Address 26 9470 Boca Grande Ave Suite, Apt. #, etc. 27 City & State 28 Englewood, Fl. Zip 29 34224 Country 30 Charlotte	
3. Date Incorporated or Qualified 08/06/1970		3a. Date of Last Report 01/25/1996	
4. FEI Number 59-2352818		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DICKINSON, ROBERT A 480 INDIANA AVE S ENGLEWOOD FL 34223		10. Name and Address of New Registered Agent 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULRYAN, WILLIAM	1.2 NAME	Joseph E. Wood
STREET ADDRESS	980 GILLESPIE ST	1.3 STREET ADDRESS	27 Mark Twain Lane
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Rotunda West, Fl. 33947
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BERNARD	2.2 NAME	
STREET ADDRESS	8548 THORMAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULRYAN, PATRICIA	3.2 NAME	
STREET ADDRESS	980 GILLESPIE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFEL, DEAN	4.2 NAME	
STREET ADDRESS	608 PINE NEEDLE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAWN, SIDNEY	5.2 NAME	
STREET ADDRESS	1024 ELAINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, FOSTER	6.2 NAME	
STREET ADDRESS	7472 ESCONDIDO ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	



SIGNATURE:

Patricia E. Mulryan Sec. Treas

2/5/97

941-474-2573

CR2E037 (9/96)