


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ENGLEWOOD FL 34224 US	Mailing Address 9470 BOCA GRANDE AVE. ENGLEWOOD FL 34224 US
---	--

3. Date Incorporated or Qualified 08/06/1970
4. FEI Number 59-2352818
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6992 BARGELLO ST.	26 6992 BARGELLO ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 ENGLEWOOD #1.	27 ENGLEWOOD #1.
City & State	City & State
23 34224 Charlotte	28 34224 Charlotte
Zip	Zip
Country	Country
24	30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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 _____ (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	VD <input type="checkbox"/> DELETE
NAME	WARFEL, DEAN
STREET ADDRESS	608 PINE NEEDLE LANE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YAWN, SIDNEY
STREET ADDRESS	1024 ELAINE ST.
CITY-ST-ZIP	VENICE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. MULRYAN, WILLIAM
1.3 STREET ADDRESS	6992 BARGELLO ST.
1.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34224
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST MULRYAN, PATRICIA
3.3 STREET ADDRESS	6992 BARGELLO ST.
3.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34224
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: **PATRICIA MULRYAN** *Patricia Mulryan Sec. Treas.* 1/28/98 941) 474-2573

CR2E037 (10/97)