


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 | Mailing Address |
| 980 GILLESPIE ST ENGLEWOOD FL 34224 US | 9470 BOCA GRANDE AVE. ENGLEWOOD FL 34224 US |

3. Date Incorporated or Qualified

08/06/1970

4. FEI Number

59-2352818

Applied For

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

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKINSON, ROBERT A
480 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 617.1503, 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 |
| NAME | MULRYAN, WILLIAM | |
| STREET ADDRESS | 980 GILLESPIE ST | |
| CITY-ST-ZIP | ENGLEWOOD FL | |

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MULRYAN, WILLIAM | |
| 1.3 STREET ADDRESS | 6992 BARGELLO ST. | |
| 1.4 CITY-ST-ZIP | ENGLEWOOD, FL. 34224 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MILLER, BERNARD | |
| STREET ADDRESS | 6548 THORMAN RD | |
| CITY-ST-ZIP | PT CHARLOTTE FL | |

| | | |
|--------------------|--|---|
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | MULRYAN, PATRICIA | |
| STREET ADDRESS | 980 GILLESPIE STREET | |
| CITY-ST-ZIP | ENGLEWOOD FL | |

| | | |
|--------------------|-----------------------------|--|
| 3.1 TITLE | SH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | MULRYAN, PATRICIA | |
| 3.3 STREET ADDRESS | 6992 BARGELLO ST. | |
| 3.4 CITY-ST-ZIP | ENGLEWOOD, FL. 34224 | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WARFEL, DEAN | |
| STREET ADDRESS | 608 PINE NEEDLE LANE | |
| CITY-ST-ZIP | ENGLEWOOD FL | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | YAWN, SIDNEY | |
| STREET ADDRESS | 1024 ELAINE ST. | |
| CITY-ST-ZIP | VENICE FL | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STANLEY, FOSTER | |
| STREET ADDRESS | 7472 ESCONDIDO ST. | |
| CITY-ST-ZIP | ENGLEWOOD FL | |

| | | |
|--------------------|--|---|
| 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)