


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90005 045 ****61.25

DOCUMENT # 718967	
1. Entity Name THE ENGLEWOOD PISTOLEERS CLUB, INC.	

Principal Place of Business 6992 BARGELLO ST ENGLEWOOD, FL 34224 US	Mailing Address 6992 BARGELLO ST ENGLEWOOD, FL 34224 US
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54021506

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03102004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent DICKINSON, ROBERT A 460 INDIANA AVE S ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULRYAN, WILLIAM	NAME	
STREET ADDRESS	6992 BARGELLO ST	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BERNARD	NAME	
STREET ADDRESS	6548 THORMAN RD	STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULRYAN, PATRICIA	NAME	
STREET ADDRESS	6992 BARGELLO ST	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFEL, DEAN	NAME	
STREET ADDRESS	608 PINE NEEDLE LANE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAWN, SIDNEY	NAME	
STREET ADDRESS	1024 ELAINE ST.	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADER, ROBERT SR	NAME	
STREET ADDRESS	6071 ORCHIS RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	

12. 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 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 like empowered.

SIGNATURE: Patricia Mulryan St - Patricia Mulryan **3-15-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #