


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90173 021 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKINSON, ROBERT A 460 INDIANA AVE S ENGLEWOOD, FL 34223				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	MULRYAN, WILLIAM				
STREET ADDRESS	6992 BARGELLO ST				
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				
TITLE	ST <input type="checkbox"/> Delete				
NAME	MULRYAN, PATRICIA				
STREET ADDRESS	6992 BARGELLO ST				
CITY-ST-ZIP	ENGLEWOOD, FL 34224				
TITLE	D <input type="checkbox"/> Delete				
NAME	WARFEL, DEAN				
STREET ADDRESS	608 PINE NEEDLE LANE				
CITY-ST-ZIP	ENGLEWOOD, FL				
TITLE	VD <input type="checkbox"/> Delete				
NAME	YAWN, SIDNEY				
STREET ADDRESS	1024 ELAINE ST.				
CITY-ST-ZIP	VENICE, FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	BADER, ROBERT SR				
STREET ADDRESS	6071 ORCHIS RD				
CITY-ST-ZIP	VENICE, FL 34293				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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: <u>Patricia L. Mulryan</u> 1/10/05 Secretary/Treasurer					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

30035630



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2352818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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SIGNATURE: Patricia L. Mulryan 1/10/05 Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #