


FILE NOW: FILING FEE IS \$61.25

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AND  
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1996 JUL 30 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724265** (4)  
1. Corporation Name  
**ORANGE COUNTY TRAP AND SKEET CLUB, INCORPORATED**

Principal Place of Business <b>10955 SMITH BENNETT ROAD ORLANDO FL 32836-6009 US</b>	Mailing Address <b>10955 SMITH BENNETT ROAD ORLANDO FL 32836-6009 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/05/1972</b>		3a. Date of Last Report <b>01/30/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1758489</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FORREST, TERRY G 5242 DESMOND LANE ORLANDO FL 32821</b>				10. Name and Address of New Registered Agent			
				81 Name <b>ROGER STINEBRING</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>10955 SMITH BENNETT RD.</b>			
				83			
				84 City <b>ORLANDO, FL.</b>			
				85 Zip Code <b>FL 32836</b>			

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 **ROGER STINEBRING**

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

NOTE: Registered Agent signature required when registered agent is changed.

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORREST, TERRY G			1.2 NAME	ROGER STINEBRING		
STREET ADDRESS	5242 DESMOND LANE			1.3 STREET ADDRESS	10955 SMITH BENNETT RD.		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO, FL 32836		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEASE, WILLIAM M JR			2.2 NAME	TRACY STINEBRING		
STREET ADDRESS	6556 PICCADILLY LANE			2.3 STREET ADDRESS	10955 SMITH BENNETT RD.		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	ORLANDO, FL. 32836		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZER, THOMAS S JR			3.2 NAME	STEVEN A. SMITH		
STREET ADDRESS	3215 N HORSESHOE DR			3.3 STREET ADDRESS	BOX 720220		
CITY-ST-ZIP	AVON PARK FL			3.4 CITY-ST-ZIP	ORLANDO, FL. 32872		NA
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOND, WILLIAM J			4.2 NAME	MORRIS STINEBRING		
STREET ADDRESS	12018 DUNMORE CT			4.3 STREET ADDRESS	265 SCOTSDALE CIR.		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	ORLANDO, FL. 32836		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)