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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730114 (6)

1. Corporation Name

SOUTH TAMIAMI TRAIL RANGERS BLACK POWDER RIFLE A ND PISTOL CLUB, INC.

Principal Place of Business	Mailing Address
C/O JACK MODESTO 29494 CLARK DRIVE PUNTA GORDA FL 33982 US	C/O JACK MODESTO 29494 CLARK DRIVE PUNTA GORDA FL 33982-2361 US

3. Date Incorporated or Qualified: 07/01/1974
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21: 29494 Clark Drive
22: Suite, Apt. #, etc.
23: City & State: Punta Gorda, FL. 33982
24: Zip: 33982
25: Country: CHARLOTTE

2a. Mailing Address
26: 29494 Clark Drive
27: Suite, Apt. #, etc.
28: City & State: Punta Gorda, FL.
29: Zip: 33982
30: Country: CHARLOTTE

4. FEI Number: 59-1885543 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MODESTO, JACK M.
29494 CLARK DRIVE
PUNTA GORDA FL 33982

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: Jack M. Modesto 1 APRIL 1997
(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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RICHARD JONES		1.2 NAME	RAY LEE	
STREET ADDRESS	803 LUCIA DRIVE		1.3 STREET ADDRESS	24300 AIRPORT Rd	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	VPT	☒ DELETE	2.1 TITLE	VPT	☒ Change ☐ Addition
NAME	CARL HERZOG		2.2 NAME	DONALD WESTLAKE	
STREET ADDRESS	813 LUCIA DRIVE		2.3 STREET ADDRESS	2212 PALM TREE DR.	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	LEE, RAY		3.2 NAME	CHUCK GAUSE	
STREET ADDRESS	24300 AIRPORT ROAD		3.3 STREET ADDRESS	23401 WESTCHESTER BLVD	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33980	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MODESTO, JACK		4.2 NAME		
STREET ADDRESS	29494 CLARK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, JERRY		5.2 NAME		
STREET ADDRESS	629 E VIRGINIA AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT GORDA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MERCER, DAVID		6.2 NAME		
STREET ADDRESS	524 TABOR ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Jack M. Modesto FILED 1 April 1997 941-505-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0058235