


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90147 043 ****61.25

DOCUMENT # 730114	
1. Entity Name	
SOUTH TAMiami TRAIL RANGERS BLACK POWDER RIFLE AND PISTOL CLUB, INC.	

Principal Place of Business	Mailing Address
29494 CLARK DRIVE PUNTA GORDA FL 33982 US	29494 CLARK DRIVE PUNTA GORDA FL 33982 US

2. Principal Place of Business	3. Mailing Address
<i>Same</i>	<i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
<i>Charlotte</i>	<i>Charlotte</i>



1st MOORE CR2E037 (10/04)

4. FEI Number	59-1885543	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MODESTO, JACK M. 29494 CLARK DRIVE PUNTA GORDA FL 33982	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 *Jack M. Modesto* DATE *4-6-05*
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, THOMAS 17405 LEBANON RD FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT DAISEY 634 LINDLEY TERR. PORT CHARLOTTE, FLA. 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAISEY, ROBERT 534 LINDLEY TERR. PORT CHARLOTTE FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT SCHATTINO 26201 BARCELOS CT. PORT CHARLOTTE, FLA. 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHATTINO, ROBERT 26201 BARCELOS CT. PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACK MODESTO 29494 CLARK DR. PUNTA GORDA, FLA. 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MODESTO, JACK 29494 CLARK DRIVE PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RAY 24300 AIRPORT ROAD PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMANTH, ALGRID 1915 SE 20TH ST CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack M. Modesto* (JACK M. MODESTO) DATE *4-6-05* DAYTIME PHONE # *1-941-505-1679*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR