



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 732691 1. Entity Name DESOTO GUN CLUB, INC.				FILED 07 AUG 22 PM 1:29 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2347 NORTHWEST HWY 70 ARCADIA, FL 34266		Mailing Address P.O. BOX 1923 ARCADIA, FL 34265			
2. Principal Place of Business - No P.O. Box # 2347 Northwest Hwy 70		3. Mailing Address P.O. Box 1923		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State ARCADIA FL.		City & State ARCADIA FL.		4. FEI Number NOT APPLICABLE 14-1984090	
Zip 34266		Country Desoto		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESLEY, WALT 2347 NORTHWEST HWY 70 ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name Terry Mouwer Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1923 / 1538 NE Lee DR. (34266) City Arcadia FL. 34266 FL Zip Code 34266			
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 Terry Mouwer Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 09/06/07--01029--005--**\$1.25					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PRESLEY, WALT P.O. BOX 1923 ARCADIA, FL 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES <input type="checkbox"/> Delete PATTERSON, ED POB 1923 ARCADIA, FL 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MOURER, TERRY PO BOX 1923 ARCADIA, FL 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ALDER, JOHN PO BOX 1923 ARCADIA, FL 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DOKAN, JOE POB 1923 ARCADIA, FL 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <input type="checkbox"/> Delete FOSTER, BILL P.O. BOX 1923 ARCADIA, FL 34265				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Terry Mouwer P.O. Box 1923 Arcadia FL. 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Margaret Slack P.O. Box 1923 Arcadia FL. 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bob Stewart P.O. Box 1923 Arcadia FL. 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bill Foster P.O. Box 1923 Arcadia FL. 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joe Dorian P.O. Box 1923 Arcadia FL. 34265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Buford Brown P.O. Box 1923 Arcadia FL. 34265				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Terry Mouwer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 8-5-2007 Daytime Phone 863-494-2642					