

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732691

FILED
Feb 15, 2009
Secretary of State

Entity Name: DESOTO GUN CLUB, INC.

Current Principal Place of Business:

2347 NORTHWEST HWY 70
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1923
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 14-1984090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOURER, TERRY
1538 NE LEE DR
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

KUNKLE, THOMAS M TREA
5281 S. SALFORD BLVD
NORTH PORT, FL 34287 US

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.

SIGNATURE: THOMAS KUNKLE

02/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOURER, TERRY
Address: P.O. BOX 1923
City-St-Zip: ARCADIA, FL 34265

Title: T () Delete
Name: THOMAS, KUNKLE
Address: PO BOX 1923
City-St-Zip: ARCADIA, FL 34265

Title: V () Delete
Name: STEWART, BOB
Address: PO BOX 1923
City-St-Zip: ARCADIA, FL 34265

Title: S () Delete
Name: FOSTER, BILL
Address: PO BOX 1923
City-St-Zip: ARCADIA, FL 34265

Title: S () Delete
Name: DORAN, JOE
Address: P.O. BOX 1923
City-St-Zip: ARCADIA, FL 34265

Title: BD () Delete
Name: BROWN, BUFORD
Address: P.O. BOX 1923
City-St-Zip: ARCADIA, FL 34265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KUNKLE

TREA

02/15/2009

Electronic Signature of Signing Officer or Director

Date