

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 741436

1. Entity Name
THE HOLLYWOOD RIFLE AND PISTOL CLUB, INC.



Principal Place of Business
**2989 STIRLING ROAD
DANIA BEACH, FL 33312**

Mailing Address
**2989 STIRLING ROAD
DANIA BEACH, FL 33312**



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6181828

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DILLON, LINDA
712 NE 115 STREET
BISCAYNE PARK, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOSTO, VINCENT 9021 SW 53 STREET COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, DONAVAN 6778 SUNSET STRIP SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLON, LINDA 712 N.E. 115 STREET BISCAYNE PARK, FL 331616354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80033-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT T. TOSTO

Date

Daytime Phone #

6 FEB 2005