2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED

Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90047 023 ****61.25

1. Entity Name	
THE HOLLYWOOD RIFLE	AN

DOCUMENT #741436

E HOLLYWOOD RIFLE AND PISTOL CLUB, INC.

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Principal Place of Business 2989 STIRLING ROAD DANIA BEACH, FL 33312		Mailing Address 2989 STIRLING ROAD DANIA BEACH, FL 333	312		: •				
0 Dii10	News of Decisions - Ale D.O. Court	To Marking Address							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address		1	INDU (IBA) DIRAN IWAN	RUI CIDU BIRLI BIRLI KI	II BERN SIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142008	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 59-6181			\rightarrow	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		.75 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Age	nt	· · · · · · · · · · · · · · · · · · ·
DILLON, L	INIDA	•	Name	•					
712 NE 11	5 STREET E PARK, FL 33161	·	Street Addres		s (P.O. Box Number is Not Acceptable)				
2.00.,,,,,	2778111,12 00101								
			City				FL	Zip Code	•
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office	or register	red agent, or both	, in the State of I	Florida. I am fami	liar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agant	t and title if applicable. (NOT	E: Registered Agent sig	nature required	when reinstating)		DATE		
SIGNATORE	Signature, typed or printed name of registered agent							vable to	
SIGNATORE		9. Election Cal	E: Registered Agent sig mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Fi	Make check pa	-	
10.	Signature, typed or printed name of registered agent	9. Election Cal Trust Fund (mpaign Financing	9 🗆	\$5.00 May Be Added to Fees	Fi	Make check pa	ent of St	ate
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cal Trust Fund (mpaign Financing Contribution.	³ □	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	Make check pa orida Departme CERS AND DIREC	ent of St	ate
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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: _

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