


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90074 011 \*\*\*\*61.25

<b>DOCUMENT # 743043</b>	
1. Entity Name MANATEE COUNTY GUN AND ARCHERY CLUB, INC.	

Principal Place of Business 1805 LOGUE ROAD MYAKKA CITY, FL 34251 US	Mailing Address 1805 LOGUE ROAD MYAKKA CITY, FL 34251 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
GRIMES, CALEB ATTY 1023 MANATEE AVE. W. BRADENTON, FL 34205	

7. Name and Address of New Registered Agent	
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	DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T WINGELLI, MARY <input type="checkbox"/> Delete	TITLE	VINGELLI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGELLI, MARY	NAME	
STREET ADDRESS	306 47TH ST W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	1VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRAM, JIM	NAME	
STREET ADDRESS	6128 BATES ST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP	
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, SHERMAN	NAME	
STREET ADDRESS	4375 274TH ST E	STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY, FL 34251	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINGELLI, VINCE	NAME	
STREET ADDRESS	306 47TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Karen Pitts
STREET ADDRESS		STREET ADDRESS	4375 274th St E
CITY-ST-ZIP		CITY-ST-ZIP	Myakka City, FL 34251
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Mary Wingelli</i>	Date: 1/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 941-748-4411