2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761221

1. Entity Name
SARASOTA GUN CLUB, INC.

FILED
04 OCT -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
KNIGHT TRL PK, RUSTIC.RD, LAUREL, FL P. O. BOX 802 NOKOMIS, FL 34274-0802	KNIGHT TRL PK, RUSTIC.RD, LAUREL, FL P. O. BOX 802 NOKOMIS, FL 34274-0802

07122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1916803
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALDERONE, ROBERT
3322 SHEFFIELD CIR
SARASOTA, FL 34239

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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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALDERONE, R
STREET ADDRESS	3322 SHEFFIELD CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	TD
NAME	WEINSTOCK, BLAIR
STREET ADDRESS	1103 WILD CITRUS LANE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	SD
NAME	SWAINSON, RALPH
STREET ADDRESS	7211 ST. JOHNS WAY
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	VD
NAME	VOSNOS, WILLIAM
STREET ADDRESS	6935 CUMBERLAND TERRACE
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/04/04--01033--001 **61.25

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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: Bob Calderone Bob Calderone 9-29-04 941-488-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #