

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761221

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: SARASOTA GUN CLUB, INC.

## Current Principal Place of Business:

KNIGHT TRL PK, RUSTIC.RD, LAUREL, FL  
P. O. BOX 802  
NOKOMIS, FL 342740802

## New Principal Place of Business:

## Current Mailing Address:

KNIGHT TRL PK, RUSTIC.RD, LAUREL, FL  
P. O. BOX 802  
NOKOMIS, FL 342740802

## New Mailing Address:

FEI Number: 59-1916803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CALDERONE, ROBERT  
3322 SHEFFIELD CIR  
SARASOTA, FL 34239      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: CALDERONE, R  
Address: 3322 SHEFFIELD CIRCLE  
City-St-Zip: SARASOTA, FL 34239

Title: TD      ( ) Delete  
Name: WEINSTOCK, BLAIR  
Address: 1103 WILD CITRUS LANE  
City-St-Zip: SARASOTA, FL 34240

Title: SD      ( ) Delete  
Name: SWAINSON, RALPH  
Address: 7211 ST. JOHNS WAY  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: VD      ( ) Delete  
Name: VOSNOS, WILLIAM  
Address: 6935 CUMBERLAND TERRACE  
City-St-Zip: UNIVERSITY PARK, FL 34201

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB CALDERONE

PRES

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date