


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 06, 2005 08:00 AM  
Secretary of State

DOCUMENT # N01000005658			
1. Entity Name WILLISTON SHOOTERS CLUB, INC.		Principal Place of Business 1975 SOUTHWEST 8TH TERRACE WILLISTON FL 32696	
Mailing Address AL WILLIAMSON P.O. BOX 1063 WILLISTON FL 32696		2. Principal Place of Business	
3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  FLANAGAN, GREGORY S 2701 SE MARICAMP RD. SUITE 104 OCALA FL 34471		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUSS, RON 5351 NE 160 AVE WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WESTBROOM, EUGENE P.O. BOX 711 BRONSON FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMSON, AL 420 NW 7TH STREET WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JORDAN, ROBERT E 11951 SE 57TH AVE MORRISTON FL 32668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PONT, PAUL G P.O. BOX 637 WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3603369 Applied For Not Applicable

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

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06/06/05-80001-015 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Al Williamson TREASURER 6-1-02 1352-528-36  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #