

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005658

FILED
Feb 02, 2006
Secretary of State

Entity Name: WILLISTON SHOOTERS CLUB, INC.

Current Principal Place of Business:

1975 SOUTHWEST 8TH TERRACE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

AL WILLIAMSON
P.O. BOX 1063
WILLISTON, FL 32696

New Mailing Address:

ROBERT E. JORDAN
11951 SE 57TH STREET
MORRISTON, FL 32668

FEI Number: 59-3603369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLANAGAN, GREGORY S
2701 SE MARICAMP RD.
SUITE 104
OCALA, FL 34471 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: VP () Delete
Name: RUSS, RON
Address: 5351 NE 160 AVE
City-St-Zip: WILLISTON, FL 32696

Title: VP () Delete
Name: WESTBROOM, EUGENE
Address: P.O. BOX 711
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: WILLIAMSON, AL
Address: 420 NW 7TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: JORDAN, ROBERT E
Address: 11951 SE 57TH AVE
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: PONT, PAUL G
Address: P.O. BOX 637
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUSS, RON
Address: 5351 NE 160 AVE
City-St-Zip: WILLISTON, FL 32696

Title: V (X) Change () Addition
Name: WESTBROOM, EUGENE
Address: P.O. BOX 711
City-St-Zip: BRONSON, FL 32621

Title: T (X) Change () Addition
Name: WILLIAMSON, AL
Address: 420 NW 7TH STREET
City-St-Zip: WILLISTON, FL 32696

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 Chapter 119, 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: ROBERT E. JORDAN

S

02/02/2006

Electronic Signature of Signing Officer or Director

Date