

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000011471

Entity Name: POPS GUN CLUB, INC.

Current Principal Place of Business:

6101 US HIGHWAY 27
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

6101 US HIGHWAY 27
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: 26-3957268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE, FL 33311 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: PTD () Delete
Name: GLASS, SHARON
Address: 6101 US HIGHWAY 27
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VPD () Delete
Name: BERRANE, CHARLES
Address: 6101 US HIGHWAY 27
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: TD () Delete
Name: BARMOHA, JOSEPH
Address: 6101 US HIGHWAY 27
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: ANANIA, RON
Address: 6101 US HIGHWAY 27
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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 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: SHARON I GLASS

P/T

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date