

# 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