

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010896

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** SCHOLASTIC SHOOTERS OF SOUTHEAST FLORIDA INC.

**Current Principal Place of Business:**

12399 NE 224TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

12399 NE 224TH STREET  
OKEECHOBEE, FL 34972 UN

**Current Mailing Address:**

12399 NE 224TH STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 27-4019608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOWELL, CHARLES  
7 WEST HIGH POINT ROAD  
STUART, FL 34996 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  
Name: WAGNER, DENNIS  
Address: 12399 NE 224TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD  
Name: BERARDINELLI, JOSEPH  
Address: 12399 NE 224TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: TD  
Name: LOWELL, CHARLES  
Address: 12399 NE 224TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: DENNIS L. WAGNER

PD

01/09/2012

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

\_\_\_\_\_  
Date