

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

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90035 049 \*\*\*\*61.25

**DOCUMENT # N13451**

1. Entity Name

CITRUS COUNTY SHOOTING CLUB, INC.



Principal Place of Business

Mailing Address

~~3600 S. SUNCOAST BLVD.~~  
~~HOMOSASSA FL 34448~~  
~~US~~

**THE GUN SHOP**  
**GUN RANGE**  
**1310 SR 44**  
**LEESBURG, FL 34748**

P O BOX 641206  
BEVERLY HILLS FL 34464-1206  
US

00067186



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

**THE GUN SHOP & GUN RANGE**

3. Mailing Address

Suite, Apt. #, etc.

**1310 SR 44**

Suite, Apt. #, etc.

City & State

**LEESBURG, FL**

City & State

Zip

**34748**

Country

**U.S.A.**

Zip

Country

4. FEI Number

**59-2620119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONFORTE, ALEJANDRO**  
**4823 W. GYPSUM DR**  
**BEVERLY HILLS FL 34465**

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

**ALEJANDRO MONFORTE, TREASURER**

**3-3-05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEYES, EDWARD	
STREET ADDRESS	1 THUNBERGIA	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, RUTH	
STREET ADDRESS	2910 N ANNAPOLIS AVE.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KERN, DONALD R	
STREET ADDRESS	4361 N ELKCAM BLVD	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONFORTE, ALEX	
STREET ADDRESS	P.O. BOX 641206	
CITY-ST-ZIP	BEVERLY HILLS FL 34464-1206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HIGH	
STREET ADDRESS	3429 N. SUNROSE PATH	
CITY-ST-ZIP	BEVERLY HILLS, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUCK TAYLOR	
STREET ADDRESS	10910 S.E. 201 ST.	
CITY-ST-ZIP	INGLIS, FL 34449	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**RICHARD HIGH, PRESIDENT**

**3-3-05**

**352-746-5217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #