

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23272 (0)

1. Corporation Name

LAKE WORTH RIFLE AND PISTOL CLUB, INC.

Principal Place of Business

Mailing Address

C/O EMORY C. JORDAN, III
415 SECOND AVENUE NORTH
LAKE WORTH FL 33460

C/O EMORY C. JORDAN, III
415 SECOND AVENUE NORTH
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1987

3a. Date of Last Report
02/15/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, EMORY C., III
415 SECOND AVENUE NORTH
LAKE WORTH FL 33460

81 Name

CARL NORMAN ANDREA

82 Street Address (P.O. Box Number is Not Acceptable)

2344 LYNN DRIVE

83

WEST PALM BEACH

84 City

FL 85 Zip Code
33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carl Norman Andrea

SECRETARY

JANUARY 16, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BLAIR, FRED

STREET ADDRESS

227624 SW 54TH AVE

CITY - ST - ZIP

BACO RATON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

BULLEN, JAMES

STREET ADDRESS

3125 FRENCH AVENUE

CITY - ST - ZIP

LAKE WORTH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

TD

NAME

MASI, JOE

STREET ADDRESS

5857 SOUTH RUE RD.

CITY - ST - ZIP

W. PALM BEACH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

ANDREA, CARL

STREET ADDRESS

2344 LYNN DRIVE

CITY - ST - ZIP

W. PALM BCH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Carl Norman Andrea

CARL NORMAN ANDREA

1/16/95

407-967-6029

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number