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FILED

Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 33460-3401**

3. Date Incorporated or Qualified

**11/02/1987**

3a. Date of Last Report

**02/11/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREA, CARL N  
2344 LYNN DRIVE  
WEST PALM BEACH FL 33415**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **D** ☐ DELETENAME **BLAIR, FRED**  
STREET ADDRESS **227624 SW 54TH AVE**  
CITY-ST-ZIP **BACO RATON FL**1.1 TITLE ☐ Change ☐ AdditionTITLE **VD** ☐ DELETENAME **ROADARMEL, ROBERT C.**  
STREET ADDRESS **212 16TH AVE. N.**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ AdditionTITLE **TD** ☐ DELETENAME **MASI, JOE**  
STREET ADDRESS **5657 SOUTH RUE RD.**  
CITY-ST-ZIP **W. PALM BEACH FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ AdditionTITLE **SD** ☐ DELETENAME **ANDREA, CARL**  
STREET ADDRESS **2344 LYNN DRIVE**  
CITY-ST-ZIP **W PALM BCH FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ AdditionTITLE **RS** ☐ DELETENAME **ROSENTHAL, LESTER**  
STREET ADDRESS **40 S.W. 10TH TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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: *Joseph L. Masi* **Joseph L. MASI** 1-8-97 561-965-0450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039063

CR2E037 (9/96)