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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

11/02/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BLAIR, FRED
STREET ADDRESS 227624 SW 54TH AVE
CITY-ST-ZIP BACO RATON FL

1.1 TITLE P.D.
1.2 NAME WEINBERG, GEORGE
1.3 STREET ADDRESS 4793 HOLIDAY WAY
1.4 CITY-ST-ZIP W. PALM BEACH, FL. 33415

TITLE VD
NAME ROADARMEL, ROBERT C.
STREET ADDRESS 212 18TH AVE. N.
CITY-ST-ZIP LAKE WORTH FL 33460

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME MASI, JOE
STREET ADDRESS 5657 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

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

TITLE RS
NAME ROSENTHAL, LESTER
STREET ADDRESS 40 S.W. 10TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33486

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 R. Masi* JOSEPH L. MASI 3-31-98 561-965-0450

CR2E037 (10/97)