FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

Principal Place of Business

4141 CARLTON INLET DR

BRADENTON FL 34208

N26274

(3)

Mailing Address

4141 CARLTON INLET DR

DELETE

DELETE

DELETE

DELETE

BRADENTON FL 34208

MANATEE RIVER LONG RIFLES, INC.

DOUGHERTY, SUSAN

BRADENTON FL

PENNEY, GREG

SARASOTA FL

6913 TEMA LANE

4141 CARLTON INLET DR

""			-					4. FEI Number Applied For		
								NOT APPLICABLE Not Applicable		
2. Principal Place of Business			2e. Mailing Address					5. Certificate of Status Desired S8.75 Additional		
21			26					Fee Required		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be		
22			27					Trust Fund Contribution Added to Fees		
City & Stato			City & State					7. Is this nonprofit corporation a homeowners association?		
Zip Country			28				· · · · · · · · · · · · · · · · · · ·	☐ Yes ☑ No		
⊢	├─┐		_	· —		ntry		8. This corporation owes or has paid the current year intangible		
24	25 29 30 9, Name and Address of Current Registered Agent				30		Personal Property Tax due June 30. Yes 🖹 No			
						10. Name and Address of New Registered Agent 81 Name				
						•	Name			
DOUGHERTY, SUSAN						82 Street Address (P.O. Box Number is Not Acceptable)				
4141 CARLTON INLET DR										
BRADENTON FL 34208					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 WIMM A DOLLAROUSES										
Signature, typed or printed name of regisfered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
12.		OFFICERS AND B	MRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			DELETE	1.1 T(T)	LE		EDWARD ASK Change Addition		
NAME					1.2 NA	1.2 NAME		5611 Ashton way		
***************************************					1.3 STF	SPRAGOTO FI 34231				
CITY-ST-ZIP				1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	VPD			DELETE	2.1 T(T)	LE		Grady, Shawn \ \ Change \ Addition \ 1386 86th ave \ \		
NAME	ORESS 1397 43RD ST. 235			2.2 NA	ME		1386 86th auch			
STREET ADDRES				2.3 STR	REET	ADDRESS	Semiable F1 33776			
CITY ST. 7IP	SARASOTA	FI			2.4.017	rv. ei	т 710 Т	30		

14. Thereby 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.

3.1 TITLE

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

indicates.

FILED

Apr 30 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified

05/04/1988

941 747.Sell7

Change

☐ Change

☐ Change

Change

Addition

Addition

Addition

___ Addition