

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35044 (9)

1. Corporation Name

PUTNAM COUNTY PRIMITIVE WEAPONS CLUB, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM BOURDEAU
P. O. BOX 2024
PALATKA FL 32177
US

C/O WILLIAM BOURDEAU
P. O. BOX 2024
PALATKA FL 32177
US

3. Date Incorporated or Qualified
11/06/1989

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 2024**

26 **P.O. Box 2024**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
Palatka FL

27
City & State
Palatka FL

Zip

Country

24 **32177**

25 **America**

Zip

Country

29 **32177**

30 **America**

4. FEI Number

59-2415118

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

**BOURDEAU, WILLIAM
1006 S. 15TH ST.
RT. 3, BOX 191
PALATKA FL 32177**

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

(If "E" Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MOTES, ROCKY**
CITY - ST - ZIP **P. O. BOX 632 N/A HOLLISTER FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BOURDEAU, BILL**
CITY - ST - ZIP **1006 S. 15TH ST. PALATKA FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **KYNARD, THOMAS**
CITY - ST - ZIP **RT 5 BOX 434 PALATKA FL 32177**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WILLIAMS, BUTCH**
CITY - ST - ZIP **P. O. BOX 459 N/A BOSTWICK FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BAILEY, MARK**
CITY - ST - ZIP **P. O. BOX 51 N/A SAN MATEO FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STUTO, SAM**
CITY - ST - ZIP **ROUTE 6 BOX 406 PALATKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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:

Rocky A. Motes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96
Date

904-325-9847
Daytime Phone #

CR2E037 (12/95)