FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Aug 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N35044 (9) PUTNAM COUNTY PRIMITIVE WEAPONS CLUB, INC.					L CERCENTES COLO UNION CONTINUENTANO ENCOR ENCO	A BURN BURN BURN BURN BURN	[1:1]] (1:1]
Principal Place of Business Mailing Address							
P.O. BOX 2024 P. O. BOX 2024 PALATKA FL 32177		P.O. BOX 2024 P. O. BOX 2024 PALATKA FL 32178-2024					
us	••	US			3. Date Incorporated or Qualified 11/06/1989	3a. Date of Last R 05/01/1990	
2. Principal Place of Business 2a. Mailing Add		2a, Mailing Address			4. FEI Number 59-2415118	 	optied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
Zip	Country	Z ip	Country		Trust Fund Contribution 8. This corporation has liability for it		
24	25	29	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent	81 Na	ame	10. Name and Address of New Re	gistered Agent	-بيور
561000	tam		J 142				
BOURDEAU, WILLIAM 1008 S. 15TH ST.				reet Addr	Address (P.O. Box Number is Not Acceptable)		
RT. 3, BOX 191			[83]				
PALATKA FL 82177			84 Ci	ty		FL 85 Zip	Code
agent. I a	Im familiar with, and accept the ob-	ligations of, Section 617.0503, F	authorized by the lorida Statutes. TE: Registered Agent sig		oration submits this statement for the prion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	D-18-97	
TITLE	DP	DELETE	1.1 TITLE		ABBITIONS/OFFANGES TO OFFICE	Change	Addition
NAME	MOTES, ROCKY		1.2 NAME				1
STREET ADDRESS	P. O. BOX 632 N/A		1.3 STREET ADDR	ESS			;
CITY-ST-ZIP	HOLLISTER FL		1.4 CITY-ST-ZIP				
TITLE	T	DELETE	2.1 TITLE			☐ Change	Addition
NAME	BOURDEAU, BILL		2.2 NAME				
STREET ADDRESS	1006 S. 15TH ST.		2.3 STREET ADDR	1			
CITY-ST-ZIP TITLE	PALATKA FL S	DELETE	2.4 CITY-ST-ZIF 3.1 TITLE	<u> </u>	5 20		Addition
NAME	KYNARD, THOMAS	JA Steele	3.2 NAME	170	ckson, Dana	ZZ Vilango	
STREET ADDRESS	RT 5 BOX 434		3.3 STREET ADDR	ESS 27	ckson, Dana 101 S. Palm APE		
CITY-ST-ZIP	PALATKA FL 32177		3.4. CITY-ST-ZIF		Jatka FI 32177		
TITLE	VD	DELETE	4.1 TITLE			☐ Change	Addition
NAME	WILLIAMS, BUTCH		4. 2 NAME				
STREET ADDRESS	P. O. BOX 459 N/A		4.3 STREET ADDR	ESS			
CITY-ST-ZIP	BOSTWICK FL		4.4 CITY-ST-ZIP				———
TITLE	D ANEW MADE	DELETE	5.1 TITLE			Change	Addition
NAME	BAILEY, MARK		5.2 NAME	F00		1º	
STREET ADDRESS	P. O. BOX 51 N/A SAN MATEO FL		5.3 STREET ADDR			18.5	0
CITY-ST-ZIP	D D	DELETE	6.4 CITY-ST-ZIP	-		Change	Addition
NAME	STUTO, SAM		6.2 NAME		00000227 -08/25/970101 ***61.25	2340	
STREET ADDRESS	ROUTE 6 BOX 406		6.3 STREET ADDR	ESS .	-08/25/970101	21004	
CITY-ST-ZIP	PALATKA FL.		6.4 CITY-ST-ZIP	•	***61.25		

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 Plock 13 if changed, or on an attachment with an address.