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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N38312 **(7)**

1. Corporation Name
SAWGRASS RIFLE CLUB, INC.

Principal Place of Business	Mailing Address
2773 N.W. 83 TERRACE CORAL SPRINGS FL 33065 US	2773 N.W. 83 TERRACE CORAL SPRINGS FL 33065 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0372288 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1820 SW 6 Ave.	26 1820 SW 6 Ave
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Pompano Bch, Fl	City & State 28 Pompano Bch, Fl.
Zip / Country 24 33060 / 25 U.S.	Zip / Country 29 33060 / 30 U.S.

9. Name and Address of Current Registered Agent

BOHNING, MILES A
2773 N.W. 83 TERRACE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Elizabeth A. Wolny
82 Street Address (P.O. Box Number is Not Acceptable): 1820 SW 6 Ave.
83
84 City: Pompano Bch. FL 85 Zip Code: 33060

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Elizabeth Wolny — Elizabeth Wolny — 4-4-95
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	1.1 TITLE	Director/P	☒ Change ☐ Addition
NAME	FOLKMAN, RICHARD	1.2 NAME	William Verdries	
STREET ADDRESS	1420 N.W. 79 WAY	1.3 STREET ADDRESS	2410 N. Ocean Drive	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pomp. Bch, Fl 33062	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SUTHERLAND, BRAD	2.2 NAME		
STREET ADDRESS	7610 N.W. S. RIVER DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director/T	☒ Change ☐ Addition
NAME	SUTHERLAND, THERESA	3.2 NAME	Elizabeth Wolny	
STREET ADDRESS	7610 N.W. S. RIVER DRIVE	3.3 STREET ADDRESS	1820 SW 6 Ave.	
CITY-ST-ZIP	MEDLEY FL	3.4 CITY-ST-ZIP	Pomp. Bch, Fl 33060	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BOHNING, MILES A	4.2 NAME		
STREET ADDRESS	2273 NW 83RD TER	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Director	☐ Change ☒ Addition
NAME		5.2 NAME	Thomas Porter	
STREET ADDRESS		5.3 STREET ADDRESS	14900 Falcon's Lea Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Davie, Fl 33331	
TITLE		6.1 TITLE	Director	☐ Change ☒ Addition
NAME		6.2 NAME	James Rawcliffe	
STREET ADDRESS		6.3 STREET ADDRESS	109 W. Riverbend Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sunrise, Fl 33326	

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)(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: Elizabeth Wolny — Elizabeth Wolny — 4-3-95 — (305) 781-6440
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

604018