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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1820 SW 6TH AVE
POMPANO BEACH FL 33060
US

Mailing Address

1820 SW 6TH AVE
POMPANO BEACH FL 33060-9020
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/24/1990

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0372288

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

WOLNY, ELIZABETH A.
1820 SW 6TH AVE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAWCLIFFE, JAMES	
STREET ADDRESS	109 W RIVERBEND DR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GORISS, LEO	
STREET ADDRESS	961 N.W. 83 DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WOLNY, ELIZABETH	
STREET ADDRESS	1820 SW 6TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLNY, LEO H	
STREET ADDRESS	1820 S.W. 6 AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, THOMAS	
STREET ADDRESS	1620 N.W. 128 DR. #104	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	VERDRIES, WILLIAM	
STREET ADDRESS	2410 N OCEAN DR	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P LEO GORISS
2.3 STREET ADDRESS	961 N.W. 83 DR
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D THOMAS Richter
5.3 STREET ADDRESS	260 SE 1 AVE
5.4 CITY-ST-ZIP	Pomp Bch, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D/V/P MICHAEL SUTZBACH
6.3 STREET ADDRESS	9550 W. Elm Lane
6.4 CITY-ST-ZIP	MIRAMAR, FL

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

SIGNATURE:

Elizabeth Wolny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORElizabeth Wolny 1/4/97 781-6440
Date Daytime Phone # 0025240

CR2E037 (9/96)