


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/24/1990	4. FEI Number 65-0372288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL
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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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWCLIFFE, JAMES	1.2 NAME	
STREET ADDRESS	109 W RIVERBEND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORISS, LEO	2.2 NAME	D/P
STREET ADDRESS	961 N.W. 83 DR.	2.3 STREET ADDRESS	GORISS, LEO
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	961 NW 83 DR.
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLNY, ELIZABETH	3.2 NAME	
STREET ADDRESS	1820 SW 6TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLNY, LEO H	4.2 NAME	D/S
STREET ADDRESS	1820 S.W. 6 AVE.	4.3 STREET ADDRESS	WOLNY, LEO H
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	1820 SW 6 AVE
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHTER, THOMAS	5.2 NAME	D
STREET ADDRESS	200 SE 1 AVE	5.3 STREET ADDRESS	SUTHERLAND, BRAD
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	7610 NW S. RIVER DR.
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULZBACH, MICHAEL	6.2 NAME	
STREET ADDRESS	9550 W ELM LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	

14. I 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* Elizabeth Wolny 3/31/98 954-781-6440

CR2E037 (10/97)