


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38312					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0372288	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLNY, ELIZABETH A. 1820 SW 6TH AVE POMPANO BEACH FL 33060				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		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	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GORISS, LEO			2.2 NAME	Lyle Palmer		
STREET ADDRESS	961 N.W. 83 DR.			2.3 STREET ADDRESS	1421-n 66th Ave		
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP	Hollywood, FL 33024		
TITLE	DT	<input type="checkbox"/> DELETE		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	DS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLNY, LEO H			4.2 NAME			
STREET ADDRESS	1820 S.W. 6 AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTHERLAND, BRAD			5.2 NAME			
STREET ADDRESS	7610 NW S RIVER DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	MEDLEY FL			5.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE: *Elizabeth Wolny* **SIGNATURE REQUIRED** *1/19/99* **954-781 6440**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)