


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N38312 1. Entity Name SAWGRASS RIFLE CLUB, INC.	
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0372288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000055678
02/18/04 00014 003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILES, JOHN 920 N.W. 110 AVE. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BETHMANN, NICK 726 FORSYTH ST. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WOLNY, ELIZABETH 1820 SW 6TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WOLNY, LEO H 1820 S.W. 6 AVE. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTHERLAND, BRAD 7610 NW S RIVER DR MEDLEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FOLKMAN, RICHARD 1420 N.W. 79 WAY PEMBROKE PINES, FL 33024

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

954-781-6440

Daytime Phone #