

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90304 008 ****61.25

DOCUMENT # N38312

1. Entity Name
SAWGRASS RIFLE CLUB, INC.



Principal Place of Business

1820 SW 6TH AVE
POMPAÑO BEACH, FL 33060 US

Mailing Address

1820 SW 6TH AVE
POMPAÑO BEACH, FL 33060 US

50042483



01172005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0372288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WOLNY, ELIZABETH A.
1820 SW 6TH AVE
POMPAÑO 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
POMPAÑO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
WOLNY, LEO H
1820 S.W. 6 AVE.
POMPAÑO 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. 19 WAY
PEMBROKE PINES, FL 33024
Andres De la Torre
14516 SW 39 ST
MIRAMAR, FL 33027

**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)(j), 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

Date

Daytime Phone #

Elizabeth Wolny
4/16/05 957816440