

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38312

FILED
Mar 31, 2006
Secretary of State

Entity Name: SAWGRASS RIFLE CLUB, INC.

Current Principal Place of Business:

1820 SW 6TH AVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

9105 WEST SUNRISE BLVD
PLANTATION, FL 33322 US

Current Mailing Address:

1820 SW 6TH AVE
POMPANO BEACH, FL 33060 US

New Mailing Address:

9105 WEST SUNRISE BLVD
PLANTATION, FL 33322 US

FEI Number: 65-0372288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BETHMANN, NICHOLAS G
726 FORSYTH ST
BOCA RATON, FL 33487 US

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.

SIGNATURE: NICHOLAS G BETHMANN

03/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILES, JOHN
Address: 920 N.W. 110 AVE.
City-St-Zip: PLANTATION, FL 33324

Title: DP () Delete
Name: BETHMANN, NICK
Address: 726 FORSYTH ST.
City-St-Zip: BOCA RATON, FL 33487

Title: DT () Delete
Name: WOLNY, ELIZABETH
Address: 1820 SW 6TH AVE
City-St-Zip: POMPANO BEACH, FL

Title: DS () Delete
Name: WOLNY, LEO H
Address: 1820 S.W. 6 AVE.
City-St-Zip: POMPANO BEACH, FL

Title: D (X) Delete
Name: SUTHERLAND, BRAD
Address: 7610 NW S RIVER DR
City-St-Zip: MEDLEY, FL

Title: DVP (X) Delete
Name: DELATORRE, ANDRES
Address: 16516 SW 39 ST
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MEIROFF, HARLEY
Address: 3912 NW 21ST STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: DS (X) Change () Addition
Name: MAYER, ALEX
Address: 9105 WEST SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS G BETHMANN

DP

03/31/2006

Electronic Signature of Signing Officer or Director

Date