

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90060 035 ****61.25

DOCUMENT # N38312	
1. Entity Name SAWGRASS RIFLE CLUB, INC.	



Principal Place of Business 9105 WEST SUNRISE BLVD PLANTATION, FL 33322 US	Mailing Address 9105 WEST SUNRISE BLVD PLANTATION, FL 33322 US
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2. Principal Place of Business - No P.O. Box # 920 NW 110 Ave		3. Mailing Address 920 NW 110 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation		City & State Plantation	
Zip 33324	Country	Zip 33324	Country



06022008 Chg-NP CR2E037 (12/06)

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. Name and Address of Current Registered Agent BETHMANN, NICHOLAS G 726 FORSYTH ST BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name John Wiles Street Address (P.O. Box Number is Not Acceptable) 920 NW 110 Ave City Plantation FL Zip Code 33324

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 *John H Wiles* **6/29/08**
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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P WILES, JOHN 920 N.W. 110 AVE. PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Brad Sutherland 7610 S. New River Dr Medley FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BETHMANN, NICK 726 FORSYTH ST. BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Tim Somerville 4088 Collin Dr West Palm Beach FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEIROFF, HARLEY 3912 NW 21ST STREET COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Philip Wilkins 11100 NW 33rd ST Coral Springs FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYER, ALEX 9105 WEST SUNRISE BLVD. PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John H Wiles* **6/29/08** **305 495-8203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #