FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra BaMortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

(2)N45937

SPORTING CLAYS OF TAMPA BAY, INC.

OI OIIII	IN OLATO OF TANK A DATE	, 1110			
Principal Place	of Business	Mailing Address			har aran mann miter arbit artit tran fan.
15720 APACHE DR THONOTOSASSA FL 33592 US		PO BOX 16998 TEMPLE TERRACE FL 33687 US			
•				3. Date incorporated or Qualified 11/08/1991	3a. Date of Last Report 03/02/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 59-3093851	Applied For Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zıp	Country	8. This corporation has liability for in	
24	9. Name and Address of Current	Pagistered Agent	30	10. Name and Address of New Ro	
-	9. Name Bito Address of Current	Hefisteren Whenr	81 Name	M-1	
VANDEDL	JOOK BICHYBD		E SA	RRINE, EDWARD DR.	-1
VANDERHOOK, RICHARD 6709 LARIMER DR			82 Street Addr 1 0	ress (P.O. Box Number is Not Acceptabl 321 RECLINATA LN	e)
TAMPA F			83		
(Ann A	2 00010				as Zin Codo
			B4 City TA	MPA,	FL 85 Zip Code 33618
11. Pursuant to or registere familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State pt Florid b, and accept the objigations of, Sections	and 617.1508, Florida Statut la. Such change was authoriz on 617.0503, Florida Statutes	es, the all e-named corporated by the proporation's boats.	ration submits this statement for the pur rd of directors. I hereby accept the appo	cose of changing its registered office hintment as registered agent. I am
SIGNATURE (~~~ E	DWAR J SARR	INE	04/09/96
	Signature, typed or printed name of registered agent	and title if applicable (N	OTE: Register Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13 1.1 E P	RES - DIR	X Change Addition
TITLE	VANDERHOOK, RICHARD	Пости		ARRINE, EDWARD DR	
NAME	6709 LARIMER DR			0321 RECLINATA LN	•
STREET ADDRESS	TAMPA FL			AMPA, FLORIDA 336	18
CITY-ST-ZIP		DELETE	2.1 T LE	THE THE PARTY OF T	Change Addition
NAME	NEWMAN, HERB D. VP		2.2 N ME		
STREET ADDRESS	316 GLEN BURNIE		2.3 S REET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		2.4 CITY-ST-ZIP		
TITLE	S	DELETE	3.1 TITLE 8 :	EC DIR	Change 🔲 Addition
NAME	BARRON, WALLACE		32 NAME C	RANE, JOHN	
STREET ADDRESS	1946 ILLINOIS AVE NE		3.3 STREET ADDRESS 2	111 W. WATROUS AV	E
CITY-ST-ZIP	ST PETERSBURG FL			AMPA, FLORIDA 336	
TITLE	D.T	■ □DELETE	4.1 TITLE		Change Addition
NAME	SAWYERS, JEFF		4. 2 NAME		
STREET ADDRESS	351 LOUIS EDWARD CT		4.3 STREET ADDRESS		
CHTY-ST-ZIP	LAKELAND FL	Clorette	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		C committee C : contract
NAME			5 2 NAME	00000180	16930
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	-05/03/96010	054044
CITY-ST-ZIP		DELETE	6.1 TITLE	***61.25	Change Addition
TITLE		- Detert	6.2 NAME		Change Addition
NAME			6.3 STREET ADDRESS		7 5.7
STREET ADDRESS			6.3 STREET ADDRESS		-

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 opposition 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 chapter or or an attachment with an address. SIGNATURE: Elwow

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/96

988-4109 Dayt me Phone #

CR2E037 (12/95)