

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49296 (9)

1. Corporation Name

CRACKER TRAIL SHOOTING CLUB, INC.

Principal Place of Business

**12135 U.S. HIGHWAY 98
SEBRING FL 33870**

Mailing Address

**12135 U.S. HIGHWAY 98
SEBRING FL 33870**



3. Date Incorporated or Qualified
06/08/1992

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0341778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, JAMES, JR.
12135 U.S. HIGHWAY 98
SEBRING FL 33870**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JAMES MORRIS, JR., PRES.**

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

(NOTE: Registered Agent signature required when relocating)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MORRIS, JAMES J**
STREET ADDRESS **12135 US HWY 98**
CITY-ST-ZIP **SEBRING FL**

TITLE **VPCO** ☒ DELETE
NAME **HARRIS, DEBORAH**
STREET ADDRESS **1116 DENISE AVE**
CITY-ST-ZIP **SEBRING FL**

TITLE **T** ☐ DELETE
NAME **BLASS, CARL E**
STREET ADDRESS **1556 FIRST STR**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **S** ☒ DELETE
NAME **SELLERS, JACKIE**
STREET ADDRESS **81 EDEN LANE**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☐ DELETE
NAME **WURST, II J D**
STREET ADDRESS **640 ACRE RD**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☒ DELETE
NAME **SELLERS, GARY**
STREET ADDRESS **81 EDEN LANE**
CITY-ST-ZIP **LAKE PLACID FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33870**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **PRIOR, MICHAEL**
2.3 STREET ADDRESS **4310 LAKE VISTA DR.**
2.4 CITY-ST-ZIP **SEBRING, FL 33872**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **S**
4.3 STREET ADDRESS **CARL E. BLASS**
4.4 CITY-ST-ZIP **1556 FIRST ST.**
LAKE PLACID, FL 33852

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **BARBARA MOORE (MRS)**
6.4 CITY-ST-ZIP **10415 US HIGHWAY 98**
SEBRING, FL 33870

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CARL E. BLASS, S&T** *Carl E. Blass* **2/26/96** (941) 699-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)