SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:53

DOCUMENT # **N93000000661 (9)**

1. Corporation Name

PASCO RIFLE AND PISTOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6414 MISSOURI AVENUE NEW PORT RICHEY FL 34653	P.O. BOX 1868 NEW PORT RICHEY FL 34656-1868

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1993
3a. Date of Last Report: 09/06/1994
4. FEI Number: 59-3176625 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARCHMAN, FRED
6414 MISSOURI AVENUE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☑ Change ☐ Addition
NAME	SMITHWICK, GREG	12 NAME	GROGG, JOHN	
STREET ADDRESS	5825 GRAND BLVD.	13 STREET ADDRESS	6245 OLD TRAIL	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	14 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VPD	21 TITLE	V/P/D	☑ Change ☐ Addition
NAME	GROGG, JOHN	22 NAME	OOSTEN, ROGER	
STREET ADDRESS	6245 OLD TRAIL	23 STREET ADDRESS	9345 ROOKERY RD.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	24 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	TD	31 TITLE	T/D	☑ Change ☐ Addition
NAME	ASSIMACK, PETER	32 NAME	JOYCE, JOHN F.	
STREET ADDRESS	7512 RIDGE ROAD	33 STREET ADDRESS	10111 EARDENIA LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	34 CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	SD	41 TITLE	EXECUTIVE OFFICER/D	☐ Change ☑ Addition
NAME	REED, JOY	42 NAME	JONES, DONALD E.	
STREET ADDRESS	13247 LAKE KARL DRIVE	43 STREET ADDRESS	7914 MICHIGAN AVE.	
CITY-ST-ZIP	HUDSON FL 34669	44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARCHMAN, FRED	52 NAME		
STREET ADDRESS	6414 MISSOURI AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ROLLO, DICK	62 NAME		
STREET ADDRESS	7421 INGLESIDE DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(i), 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: [signature] JOHN F. JOYCE 7/17/95 813-936-4482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018692