FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300000661 (9)

PASCO RIFLE AND PISTOL ASSOCIATION, INC.

Principal Place of Business Mailing Address					1000000 0000 0000 0000	
6414 MISSOURI AVENUE P.O. BOX 1868 NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34		656-1868				
					 Date Incorporated or Qualified 03/09/1993 	3a. Date of Last Report 07/17/1995
2. Principal I	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3176625	Applied For Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip Country 29 30				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name	1	
MARCHMAN, FRED 6414 MISSOURI AVENUE			82	Street	Address (P.O. Box Number is Not Acceptab	le)
NEW P	ORT RICHEY FL 34652		83			
			84	City		85 Zip Code
11. Pursuan or regist familiar v	t to the provisions of Sections 617.050 ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	2 and 617.1508, Florida Statutes, Ida. Such change was authorized tion 617.0503, Florida Statutes.	the above- by the corp	named cooration's	orporation submits this statement for the pur s board of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Flegistered Age	nt signature	required when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD CROGG, JOHN	DELETE	1.1 TITLE		G-PAGG T- III	Change Addition
NAME CIRCLI ADODESIS	AATE ALD TOLL		1.2 NAME		GROGG, JOHN 6245 OLD TRAIL	
STREET ADORESS CITY-ST-ZIP	NEW PORT RICHEY FL		1.3 STREET		NEWBETRICHEY, FL.3	u/ <i>E</i> >
THILE	VPD	DELETE	1.4 CITY - S 2.1 TITLE	31 - ZIP	IUD TO	Change Mil Addition
NAME	OOSTEN, ROGER		2.2 NAME		RHALL CHARLES	
STREET ADDRESS	ANTE DOOLLEON DO		2.3 STREET	ADDRESS	9237 BARRINGTON	LANE
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-	ST-ZIP	PORT RICHEY, FL 3	4668
TITLE	TD	DELETE	3.1 TITLE	***********	ST	Change Addition
NAME	JOYCE, JOHN F		3.2 NAME		GARKETT, MARTHA	
STREET ADDRESS			3.3 STREET		GARRETT, MARTHA 1941 GOLDEN LOOP NEW BRTRICHEY, FL	AU/SU
CITY-ST-ZIP TITLE	PORT RICHEY FL EOD	DELETE	3.4. CITY-	ST-21P	POWIORI NICHBY, FL	
NAME	JONES, DONALD E		4.1 TITLE 4.2 NAME			Change 🗀 Addition
STREET ADDRESS	FOAT MICHIGANI AND		4.3 STREET	ADDDCCC		
CITY-ST-ZIF	HUDSON FL		4.4 CITY - S			
TITLE	D	DELETE	5 1 TITLE		D .	☐ Change
NAME	MARCHMAN, FRED		5 2 NAME		DIPPOLITO CALVIN 5524 GRIDLEY LAI	
STREET ADDRESS			5 3 STREET	ADDRESS	5524 GRIDLEY LA	V 5
CITY-ST-ZIP	NEW PORT RICHEY FL 3465		54 CITY-S	T - ZiP	NEW PORT RICHEY, FL	,,3460 d
TITLE	D	⊠ 8ELETE	61 TITLE		1 7)	Change
NAME	ROLLO, DICK		6.2 NAME		MCGLGAN, JOHN 2726 FEATHERSTON HOLIDAY, FL 34691	IF DR
STREET ADDRESS			6.3 STREET	ADDRESS	12/26 PENTHERSTON	10 11
CHTY-ST-ZIP	PORT RICHEY FL 34668		6.4 CITY-S	T-ZIP	HOLIDAY, + L 34691	

14. Ido 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: Martha Hareth MARHHA GARRETT 1/30/96 813-848-2562

CR2E037 (12/95)

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