



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90182 031 \*\*\*\*70.00

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # N93000004975</b><br>1. Entity Name<br><b>GULF RIFLE CLUB, INC.</b>  |   |   |  |    |   |
| Principal Place of Business<br><b>HIGHWAY 71, 1 MILE N OR PT ST JOE<br/>PORT ST. JOE, FL 32456 US</b>   |   |   |  | Mailing Address<br><b>PO BOX 333<br/>PORT ST. JOE, FL 32457 US</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  | <br><br>04252005 Chg-NP CR2E037 (10/03)   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |   |
| City & State  |   | City & State  |  |   |   |
| Zip   | Country   | Zip   | Country  |   |   |
| 4. FEI Number<br><b>59-3053345</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FADIO, JOHN<br/>1011 WOODWARD AVE.<br/>PORT ST. JOE, FL 32456</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>  |   |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| Make check payable to<br><b>Florida Department of State</b>   |   |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DP<br/>BREWTON, HARVEY<br/>8007 BLANCHE DR<br/>PANAMA CITY, FL 32404</b> | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DP<br/>JOHN WINFIELD<br/>700 RIDGE ROAD<br/>EAST POINT, FL 32328</b> |
| DV<br>WINDFIELD, JOHN<br>700 RIDGE RD.<br>EASTPOINT, FL 32328   |   | <input checked="" type="checkbox"/> Delete  |  | DV<br>HARVEY BREWTON<br>8007 BLANCHE DR<br>PANAMA CITY, FL 32404  |   |
| DS<br>FADIO, JOHN<br>1011 WOODWAD AVE.<br>PORT ST. JOE, FL 32456  |   | <input type="checkbox"/> Delete   |  | ZIP 32456   |   |
| <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |   |  |   |   |
| <b>SIGNATURE:</b> <i>John A Fadio</i>   |   |   |  | 4/25/05 850-225-8421  |   |
| <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>   |   |   |  | <small>Date Daytime Phone #</small>   |   |