

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004975

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: GULF RIFLE CLUB, INC.

**Current Principal Place of Business:**

HIGHWAY 71, 1 MILE N OR PT ST JOE  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

HIGHWAY 71, 1 MILE N OF PT ST JOE  
PORT ST. JOE, FL 32456 US

**Current Mailing Address:**

PO BOX 333  
PORT ST. JOE, FL 32457 US

**New Mailing Address:**

FEI Number: 59-3053345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FADIO, JOHN  
1011 WOODWARD AVE.  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KLEINSCHMIDT, CARL  
Address: 516 ALPINE WAY  
City-St-Zip: PANAMA CITY, FL 32404

Title: DV ( ) Delete  
Name: PRUET, SAM  
Address: 2633 TAYLOR RD  
City-St-Zip: PANAMA CITY, FL 32404

Title: DS ( ) Delete  
Name: FADIO, JOHN  
Address: 1011 WOODWAD AVE.  
City-St-Zip: PORT SAINT JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WINFIELD, JOHN  
Address: 700 RIDGE ROAD  
City-St-Zip: EAST POINT, FL 32328

Title: DV (X) Change ( ) Addition  
Name: PRUET, SAM  
Address: 3801 WILD TURKEY LANE  
City-St-Zip: SOUTHPORT, FL 32404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FADIO

DS

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date