

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 # N95000002871 (0)

1. Corporation Name

COSMOPOLITAN PISTOL ASSOCIATION, INC.



Principal Place of Business

112 NORTH BEAUMONT AVENUE
KISSIMMEE FL 34741

Mailing Address

P.O. BOX 701919
ST. CLOUD FL 34772

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

☒ 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

BEHRENDT, GARY
112 NORTH BEAUMONT AVENUE
KISSIMMEE FL 34741

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME CROWE, CHRISTOPHER K
STREET ADDRESS 2701 SHINGLE CREEK CT
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE PD ☒ DELETE
NAME MUNDINGER, ORRIE SR
STREET ADDRESS 1525 COLONY AVE
CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME PD
2.3 STREET ADDRESS MATERO, DON
2.4 CITY-ST-ZIP 6090 GREENONE CT.
ORLANDO, FL 32819

TITLE SD ☒ DELETE
NAME CURRY, PATRICK
STREET ADDRESS 2633 MILL RUN BLVD
CITY-ST-ZIP KISSIMMEE FL 34744

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS ROGER B. POWERS
3.4 CITY-ST-ZIP 1424 FLAMINGO DR.
KISSIMMEE, FL 34746

TITLE TD ☐ DELETE
NAME BEHRENDT, GARY
STREET ADDRESS 112 NORTH BEAUMONT AVENUE
CITY-ST-ZIP KISSIMMEE FL 34741

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. BEHRENDT

2/2/96

407-870-8922

Date

Daytime Phone #

CR2E037 (12/95)