

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005440 (1)

1. Corporation Name

THE FORT MYERS FENCING CLUB, CORPORATION

Principal Place of Business

1912 WINKLER AVE
FT MYERS FL 33901

Mailing Address

1912 WINKLER AVE
FT MYERS FL 33901



2. Principal Place of Business

21 4210 Fowler St.

Suite, Apt. #, etc.

22 Unit 9 & 10

City & State

23 Ft. Myers, FL

Zip

24 33901

Country

25 USA

2a. Mailing Address

26 4210 Fowler St.

Suite, Apt. #, etc.

27 Unit 9 & 10

City & State

28 Ft. Myers, FL

Zip

29 33901

Country

30 USA

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0647917

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

JOHNSON, CHARLES B
1912 WINKLER AVE
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Michelle Prettyman - Neely

82 Street Address (P.O. Box Number is Not Acceptable)

12690 Equestrian Circle

83 # 240T

84 City

Ft. Myers

FL

85 Zip Code

33907

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 the filer

(Not Registered Agent signature required when reinstating)

DATE

6/19/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☐ Change ☒ Addition

1.2 NAME

Michelle Prettyman - Neely

1.3 STREET ADDRESS

12690 Equestrian Circle, # 240T

1.4 CITY-ST-ZIP

Ft. Myers, FL 33907

2.1 TITLE

V/D

☐ Change ☒ Addition

2.2 NAME

Randy Rundgren

2.3 STREET ADDRESS

19097 Marcott Dr. W.

2.4 CITY-ST-ZIP

Bonita Springs, FL 33912

3.1 TITLE

S/D

☐ Change ☒ Addition

3.2 NAME

Scott Goodwin

3.3 STREET ADDRESS

18259 Cutlass Dr.

3.4 CITY-ST-ZIP

Ft. Myers, FL 33931

4.1 TITLE

T

☐ Change ☒ Addition

4.2 NAME

Stephen Leung

4.3 STREET ADDRESS

1425 Alcazar Ave.

4.4 CITY-ST-ZIP

Ft. Myers, FL 33901

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001917111

08/08/96 01099 004

***\$61.25

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

DATE

Daytime Phone #

6/19/96 941 384000

CR2E037 (12/95)