

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000321 (6)**

1. Corporation Name

**OUTDOOR SPORTING SOCIETY, INC.**



Principal Place of Business	Mailing Address
NORTHERN TRUST BANK 8080 COLLEGE PARKWAY FORT MYERS FL 33919	NORTHERN TRUST BANK 8080 COLLEGE PARKWAY FORT MYERS FL 33919

3. Date Incorporated or Qualified	01/21/1997
4. FEI Number	65-0721198
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Northern Trust Bank	26 8060 College Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 8060 College Parkway	27
City & State	City & State
23 Fort Myers, FL	28 Fort Myers, FL
Zip	Zip
24 33919	29 33919
Country	Country
25 U.S.	30 U.S.

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ARNALL, ROBERT M NORTHERN TRUST BANK 8080 COLLEGE PARKWAY FORT MYERS FL 33919

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D/P
STREET ADDRESS		1.3 STREET ADDRESS	Donald C. Rainey
CITY-ST-ZIP		1.4 CITY-ST-ZIP	18516 Deep Passage Lane Fort Myers, FL 33931
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D/V P
STREET ADDRESS		2.3 STREET ADDRESS	Bruce Green
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1247 Canterbury Drive Fort Myers, FL 33901
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D/T
STREET ADDRESS		3.3 STREET ADDRESS	Robert M. Arnall
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1319 LaFayette Way Fort Myers, FL 33919
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *Robert M. Arnall* 2/18/98 941-484-100

CR2E037 (10/97)