

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1998 1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90239 013 ****61.25

DOCUMENT # N97000003531 (7)

1. Corporation Name

GRYPHON SHOOTING CLUB, INC.

Principal Place of Business

Mailing Address

1705 NW 36TH CT
OAKLAND PARK FL 33309

1705 NW 36TH CT
OAKLAND PARK FL 33309

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

21 9354 GETTYSBURG ROAD

2a. Mailing Address

26 9354 GETTYSBURG RD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

BOCA RATON, FL

28 City & State

BOCA RATON, FL

24 Zip

33434

25 Country

PALESTINE

29 Zip

33434

30 Country

PALESTINE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is it a nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BLASCHIK, ANDREW G
1705 NW 36TH CT
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name

KEITH P. SEELEY

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

9354 GETTYSBURG ROAD

83

84 City

BOCA RATON

FL

85 Zip Code

33434

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 *Keith Seeley* KEITH SEELEY

4-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D KEITH SEELEY
9354 GETTYSBURG ROAD
BOCA RATON, FL 33434

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D LEE TOOLE
141 SW 16 STREET
POMPANO BEACH, FL 33060

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D ANDREW G. BLASCHIK
1705 NW 36 CT
OAKLAND PARK, FL 33309

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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 on an attachment with an address.

SIGNATURE: *Keith Seeley* KEITH SEELEY

4/29/99 954-429-0778
4-22-98 954-429-0778

CR2E037 (10/97)