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Jun 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N97000004481 (4)**

1. Corporation Name

FORT MYERS RIVER RATS PRACTICAL SHOOTING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

3. Date Incorporated or Qualified: 07/26/1997

4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13256 BROADHURST LOOP	26 P.O.BOX 855
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. MYERS,FL.	28 City & State: ESTERO,FL.
24 Zip: 33919 / 25 Country: LEE	29 Zip: 33928 / 30 Country: LEE

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 this 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	10. Name and Address of New Registered Agent
LAZEGA, RUSSEL M 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34108	81 Name: J. Christopher Lombardo, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive, Suite 710 83: Naples, FL 34108 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 _____ 4/22/98
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KEIN, TOM		1.2 NAME	GAVIGAN, RICHARD	
STREET ADDRESS	8736 DARTMOUTH STREET		1.3 STREET ADDRESS	~~P.O. BOX 855~~ - 13256 BroadhurstLoop	
CITY-ST-ZIP	FT. MYERS FL 33907		1.4 CITY-ST-ZIP	ESTERO, FL. 33928 FT. Myers, Fl. 33919	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, STEVEN		2.2 NAME		
STREET ADDRESS	11661 PINE HAMMOCK CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, CODY		3.2 NAME		
STREET ADDRESS	3125 ACADEMY BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	[illegible] -06/22/98-01003-007 ***61.25	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 on an attachment with an address. RICHARD GAVIGAN

SIGNATURE: Richard W. Gavigan 1-25-98 941-481-5755