


FILE NOW: FILING FEE IS \$61.25

FILED
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 8736 DARTMOUTH STREET X FT MYERS FL 33907			Mailing Address 8736 DARTMOUTH STREET X FT MYERS FL 33907		
2. Principal Place of Business 21 13256 BROADHURST LOOP Suite, Apt. #, etc. 22 City & State 23 FT. MYERS, FL. Zip 24 33919		2a. Mailing Address 26 P.O. BOX 855 Suite, Apt. #, etc. 27 City & State 28 ESTERO, FL. Zip 29 33928 Country 30 LEE		3. Date Incorporated or Qualified 07/26/1997 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 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 type="checkbox"/> No					
9. Name and Address of Current Registered Agent LAZEGA, RUSSEL M 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34108			10. Name and Address of New Registered Agent 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 _____ DATE 4/22/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME KEIN, TOM STREET ADDRESS 8736 DARTMOUTH STREET CITY-ST-ZIP FT. MYERS FL 33907			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME GAVIGAN, RICHARD 1.3 STREET ADDRESS P.O. BOX 855 - 13256 Broadhurst Loop 1.4 CITY-ST-ZIP ESTERO, FL. 33928 FT. MYERS, FL. 33919		
TITLE SD <input type="checkbox"/> DELETE NAME BERNSTEIN, STEVEN STREET ADDRESS 11661 PINE HAMMOCK CIR CITY-ST-ZIP FT. MYERS FL 33919			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME COLLINS, CODY STREET ADDRESS 3125 ACADEMY BLVD CITY-ST-ZIP CAPE CORAL FL 33904			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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. Harrison* **1-25-98 941-481-5755**

CR2E037 (10/97)