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Feb 18, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-18-1999 90125 016 *****61.25

DOCUMENT # N97000004481

1. Corporation Name
FORT MYERS RIVER RATS PRACTICAL SHOOTING ASSOCIATION, INC.

Principal Place of Business
13256 BROADHURST LOOP
FT. MYERS FL 33919

Mailing Address
PO BOX 855
ESTERO FL 33928



2. Principal Place of Business (1-4) and 2a. Mailing Address (26-30) fields. Includes sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified (07/26/1997)
4. FEI Number (APPLIED FOR) 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)

9. Name and Address of Current Registered Agent
LOMBARDO, CHRISTOPHER J ESQ
801 LAUREL OAK DRIVE
SUITE 710
NAPLES FL 34108

10. Name and Address of New Registered Agent (81-85)

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Table with 2 main columns: OFFICERS AND DIRECTORS (13) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include GAVIGAN, RICHARD and BERNSTEIN, STEVEN with fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and Addition.

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, with all other like empowered.

SIGNATURE: [Signature] RICHARD W. GAVIGAN 1-16-99 (941) 481-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)