

N98000000689



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

February 6, 1998

DAVID I BECKETT, ESQUIRE  
PAVESE, GARNER, HAVERFIELD, DALTON ETAL  
PO DRAWER 1507  
FT MYERS, FL 33902-1507

SUBJECT: FLORIDA LADIES SKEET, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT corporation. Please be advised, we have corrected our records to reflect this corporation as a NON PROFIT corporation and assigned new document number N98000000689 with the original file date of December 26, 1995.

Any annual reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,  
Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter number: 498A00006900

N 98 0000000689

UPCHURCH, BAILEY AND UPCHURCH, P. A.

ATTORNEYS AT LAW

780 NORTH PONCE DE LEON BOULEVARD

SAINT AUGUSTINE

PLEASE REPLY TO

POST OFFICE DRAWER 3007

SAINT AUGUSTINE, FLORIDA 32085-3007

TELEPHONE (904) 829-9066

TELECOPIER (904) 825-4862

JOHN D. BAILEY, JR.  
FRANK D. UPCHURCH, III  
TRACY W. UPCHURCH  
KATHERINE GAERTNER JONES  
MICHAEL A. SIRAGUSA

HAMILTON D. UPCHURCH  
FRANK D. UPCHURCH, JR.  
OF COUNSEL

FRANK D. UPCHURCH  
(1894-1986)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 26 PM 3:20

December 22, 1995

Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Florida Ladies Skeet, Inc.  
Our File No. 7-95-512

100001671031  
-12/26/95--01076--006  
\*\*\*\*122.50 \*\*\*\*122.50

Dear Sir:

Enclosed herewith is Articles of Incorporation of FLORIDA LADIES SKEET, INC., a non-profit corporation of Florida, together with duplicate original.

Would you please file the enclosed Articles of Incorporation and forward me certified copy of same at your convenience.

Likewise enclosed is this firm's check payable to your order in the amount of \$122.50, which I understand represents your filing fee (\$35.00), certified copy of Articles of Incorporation (\$52.50), and Registered Agent Designation (\$35.00). If there is an additional charge, please advise and I will remit.

Sincerely yours,

  
HAMILTON D. UPCHURCH

HDU:vsh

Enclosures

g 1/3/96

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 DEC 26 PM 3: 20

ARTICLES OF INCORPORATION

of

FLORIDA LADIES SKEET, INC.,

a corporation not for profit organized under the laws of  
the State of Florida

ARTICLE I

NAME

The name of this corporation is FLORIDA LADIES SKEET, INC.

ARTICLE II

PRINCIPAL OFFICE

The street address and the mailing address of the principal office of the corporation is 1019 San Rafael Street, St. Augustine, Florida 32084.

ARTICLE III

PURPOSE

The purpose of the corporation is:

1. To promote firearm safety for women and training of women in the use of firearms.
2. To promote skeet shooting, a shotgun sport, among women.
3. To raise funds for charitable causes with special emphasis on organizations which directly aid abused women and children.

ARTICLE IV

DIRECTORS

The Directors of the corporation shall be selected by a majority vote of the members of the corporation and shall serve one-year terms. The Directors shall be eligible to succeed themselves.

ARTICLE V

INITIAL DIRECTORS

The initial Directors may serve an initial term of less than one year. The names and addresses of the initial Directors are:

<u>NAME</u>	<u>ADDRESS</u>
BARBARA T. BOZARD	1019 San Rafael Street St. Augustine, Florida 32084
MARY W. BEVERLY	3201 Horseshoe Trail Tallahassee, Florida 32312
CAROLYN M. LAUSE	18021 Traverse Drive Alva, Florida 33920
WINNIE TUCKER	6870 Sunnyside Drive Leesburg, Florida 34748

ARTICLE VI

REGISTERED AGENT

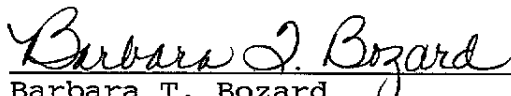
The initial Registered Agent of the corporation is BARBARA T. BOZARD, whose street and mailing address is 1019 San Rafael Street, St. Augustine, Florida 32084. By her signature below, she accepts designation as Registered Agent for the corporation.

ARTICLE VII

INCORPORATORS

The name and address of the sole incorporator of the corporation is BARBARA T. BOZARD, 1019 San Rafael Street, St. Augustine, Florida 32084.

DATED this 22<sup>nd</sup> day of December, 1995.

  
\_\_\_\_\_  
Barbara T. Bozard  
Incorporator/Registered Agent

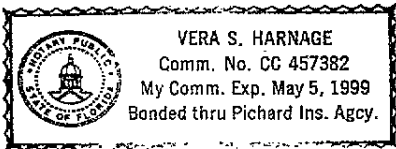
STATE OF FLORIDA

COUNTY OF ST. JOHNS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 26 PM 3:20

I HEREBY CERTIFY that on this 22<sup>nd</sup> day of December, 1995, before me personally appeared BARBARA T. BOZARD, to me known to be the person described in and who executed the foregoing Articles of Incorporation, and she acknowledged the execution thereof to be her free act and deed for the uses and purposes therein mentioned.

WITNESS my signature and official seal at St. Augustine in the County of St. Johns and State of Florida the day and year last aforesaid.



Vera S. Harnage  
Signature of Notary  
Vera S. Harnage  
Name of Notary typed, printed or stamped  
Notary Public, State of Florida at Large  
My Commission Number is CC 457382  
My Commission expires May 5, 1999

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 APR 26 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # - **N98000000 689**

1. Corporation Name

**FLORIDA LADIES SKEET, INC.**

Principal Place of Business

**1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084**

Mailing Address

**1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified  
**12/26/1995**

3a. Date of Last Report

4. FEI Number

**59-3356328**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOZARD, BARBARA T  
1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETE

**D  
BOZARD, BARBARA T  
1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
BEVERLY, MARY W  
3201 HORSESHOE TRAIL  
TALLAHASSEE FL 32312-D**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
LAUSE, CAROLYN M  
18021 TRAVERSE DRIVE  
ALVA FL 33020**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
TUCKER, WINNIE  
6870 SUNNYSIDE DRIVE  
LEESBURG FL 34748**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Barbara T. Bozard**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA T. BOZARD**

**4/22/96 (904)471-2534**  
Date Daytime Phone #

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N98000000689**

1. Corporation Name

FLORIDA LADIES SKEET, INC.

Principal Place of Business

1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084

Mailing Address

1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084-3348

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3356328

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21 317 REDWING LANE

Suite, Apt. #, etc.

22 ST. AUGUSTINE FL

City &amp; State

23 32084 ST. JOHNS

Zip

Country

2a. Mailing Address

26 317 REDWING LANE

Suite, Apt. #, etc.

27 ST. AUGUSTINE FL

City &amp; State

28 32084 ST. JOHNS

Zip

Country

9. Name and Address of Current Registered Agent

BOZARD, BARBARA T

1019 SAN RAFAEL STREET  
ST. AUGUSTINE FL 32084

317 REDWING LANE

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZARD, BARBARA T	1.2 NAME	
STREET ADDRESS	1019 SAN RAFAEL STREET 317 REDWING LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY, MARY W	2.2 NAME	
STREET ADDRESS	3201 HORSESHOE TRAIL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL 32312-D	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUSE, CAROLYN M	3.2 NAME	
STREET ADDRESS	18021 TRAVERSE DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ALVA FL 33920	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, WINNIE	4.2 NAME	
STREET ADDRESS	6870 SUNNYSIDE DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG FL 34748	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0017187

CR2E034 (9/96)