2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N99000006865

Entity Name: EVERGLADES CAP & BALL HISTORICAL SHOOTING SOCIETY, INC.

Current Principal Place of Business:

804 S.E. 5 CT.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

804 S.E. 5 CT.
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0969860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERON, BOB
804 S.E. 5 CT.
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMERON, BOB
Address: 804 SE 5 COURT
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VD ( ) Delete
Name: AUSTEN, JOHN
Address: 3241 NW 19 TERRACE
City-St-Zip: MIAMI, FL 33125

Title: DS ( ) Delete
Name: DITTLE, GARY
Address: 8500 OLD COUNTRY ROAD
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: T ( ) Delete
Name: RICHTER, JAKE
Address: 1920 SW 67 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY DITTLE DS 04/21/2009
Electronic Signature of Signing Officer or Director — Date