

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 743043

Entity Name: MANATEE COUNTY GUN AND ARCHERY CLUB, INC.

Current Principal Place of Business:

1805 LOGUE ROAD
MYAKKA CITY, FL 34251

Current Mailing Address:

1805 LOGUE ROAD
MYAKKA CITY, FL 34251 US

FEI Number: 59-1859462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLENTON CPA
1001 3RD AVE W. SUITE 320
BRADENTON, FL 34205 US

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: LAURA CHIRICHIGNO

11/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KRAUSS, STEVE
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34251

Title EXECUTIVE SECRETARY
Name VOGEL, JACK
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34251

Title TREASURER
Name ZINKAND, JANE
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34251

Title MEMBERSHIP SECRETARY
Name NOSSEN, LAURENCE
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34205

Title DIRECTOR
Name RUTLEDGE, LAURENCE
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34205

Title DIRECTOR
Name BENARROCH, AL
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34205

Title DIRECTOR
Name BORSARI, BOB
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34205

Title DIRECTOR
Name HELMIG, TOM
Address 1805 LOGUE ROAD
City-State-Zip: MYAKKA CITY FL 34251

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JACK VOGEL

EXECUTIVE SECRETARY 11/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BOSWORTH, KEN
Address	1805 LOGUE ROAD
City-State-Zip:	MYAKKA CITY FL 34251