

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755711

**Entity Name:** ESCAMBIA RIVER MUZZLE LOADERS, INC.

**Current Principal Place of Business:**

4050 ROCKY BRANCH RD  
CANTONMENT, FL 32533

**Current Mailing Address:**

P.O. BOX 333  
CANTONMENT, FL 32533 US

**FEI Number:** 59-2067266

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MILLER, CHARLES C  
392 MAN-O-WAR CIRCLE  
CANTONMENT, FL 32533 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:** MILLER CHARLES C

04/04/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'NEAL, SANDY I  
Address        5295 GARDENBROK BLVD.  
City-State-Zip: MILTON FL 32570

Title            VP  
Name            VACANT  
Address        UNKNOWN  
City-State-Zip: UNKNOWN FL

Title            TREASURER  
Name            SIMS, TRUETT  
Address        2615 DEDIN ROAD  
City-State-Zip: CANTONMENT FL 32533

Title            MEMBERSHIP SECRETARY  
Name            BYRON, TERRY  
Address        270 MOLINO ROAD.  
City-State-Zip: MOLINO FL 32577

Title            PUBLIC RELATIONS DIRECTOR  
Name            BYRD, JONATHAN  
Address        1840 E. MAVWELL STREET  
City-State-Zip: PENSACOLA FL 32503

Title            SECRETARY  
Name            KURBEC, JOE  
Address        6060 DREXEL ROAD  
City-State-Zip: PENSICOLA FL 32504

Title            WEB MASTER  
Name            MILZ, STEVEN  
Address        805 BUTTON BUSH WAY  
City-State-Zip: NICEVILLE FL 32576

Title            REGISTERED AGENT  
Name            MILLER, CHARLES C  
Address        392 MAN-O-WAR CIRCLE  
City-State-Zip: CANTONMENT FL 32533

*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:** CHARLES C. MILLER

**REGISTERED AGENT**

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date