

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 767949 (1)**

1. Corporation Name  
**THE 20/20 MEN'S SOCIAL AND CIVIL CLUB INC.**



Principal Place of Business  
**403 E BOBE ST  
% JOHN L DURGINE  
PENSACOLA FL 32503-3849**

Mailing Address  
**403 E BOBE ST  
% JOHN L DURGINE  
PENSACOLA FL 32503-3849**

3. Date Incorporated or Qualified  
**04/13/1983**

3a. Date of Last Report  
**03/02/1995**

4. FEI Number  
**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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent  
**DURGIN, JOHN L.  
1830 E. SCOTT ST.  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BARGE, ABE</b>	
STREET ADDRESS	<b>103 ALTAMONT DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FILMORE, CLARENCE</b>	
STREET ADDRESS	<b>2503 N ALCANIZ ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>DURGIN, JOHN, L</b>	
STREET ADDRESS	<b>1830 E SCOTT ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAGLEY, JOHN</b>	
STREET ADDRESS	<b>403 E. BOBE ST.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, CARLINE (SGT. AT ARM)</b>	
STREET ADDRESS	<b>1014 N. "B" ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATER, DAVIS</b>	
STREET ADDRESS	<b>2909 RHYTHM</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Walter R. Abner</i>
2.3 STREET ADDRESS	<i>918 W. Strong St</i>
2.4 CITY-ST-ZIP	<i>Pensacola FL</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>2507 N Alcaniz St</i>
4.3 STREET ADDRESS	<i>Pensacola, Fla</i>
4.4 CITY-ST-ZIP	<i>Clarence Filmore</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(k), 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.

SIGNATURE: *Abbe Bargo Pres* DATE: *3/20/96* (904) *438-0391*

CR2E037 (12/95)