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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURGINS, JOHN L.
1830 E. SCOTT ST.
PENSACOLA FL 32503

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 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

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

P
NAME BARGE, ABE
STREET ADDRESS 103 ALTAMONT DR
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

VD
NAME ABNER, WILLIE L.
STREET ADDRESS 918 W STRONG ST
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

MD
NAME DURGINS, JOHN, L
STREET ADDRESS 1830 E SCOTT ST
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

S
NAME ~~COTTON, FRANK L.~~
STREET ADDRESS 3404 W MAXWELL ST
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

S
NAME JONES, CARLINE (SGT. AT ARM)
STREET ADDRESS 1014 N. "B" ST.
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

D
NAME WATER, DAVIS
STREET ADDRESS 2909 RHYTHM
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Abe Barge 1-21-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072598

CR2E037 (9/96)