## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 767949

THE 20/20 MEN'S SOCIAL AND CIVIL CLUB INC.

Principal Place of Business 3221 N. ALCANIZ ST PENSACOLA FL 32503

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

1830 E. SCOTT ST

2a. Mailing Address

City & State

26

27

28

PENSACOLA FL 32503-5429

Suite, Apt. #, etc.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90029 037 \*\*\*\*\*75.00



à

3. Date incorporated or Qualifed

5. Certificate of Status Desired

04/13/1983

4. FEI Number 59-3451577

23	28										PON BE	·	
Zip	Country .	Zip	Zip Coun			6.	Election Campaig	\$5.00 May Bo			,		
24	25	29	30				Trust Fund Contri			Added		to Fees	
9. Name and Address of Current Registered Agent						10.	Name and Addre	ss of New R	tegistered /	Agent			
			-	81	Name								
DURGINS	, JOHN L			82	Street Addre	ess (P	O. Box Number is	Not Accepta	ible)				
1830 E. SCOTT ST.					Queet Addit	·) 220	.o. box (10111bo) 10				1		
PENSACOLA FL 32503													
										loe l	Zip C		
				84	City				FL	85	Zip Ci	JUB	
11 Dureuant		02 and 617 1508 Florida	Statutes, the al	oove-	named corpo	oration	submits this state	ment for the	numase of	changii	ng its r	egistered	
office or n	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change t	was autnonzed	DV U	he corporatio	on's bo	pard of directors. I	hereby accer	ot the appoin	itment	as reg	stered	
SIGNATURE			Alore Designation	Ai	-1	d ubon n	oinstation)		DATE	_		]	
40	Signature, typed or printed name of registered age		(NOTE: Registered	Agent	signature required	a when i	einstating) ADDITIONS/CHAN	GES TO OF		D DIRE	CTOF	RS IN 12	
12.	OFFICERS A	ND DIRECTORS		n F						□ Ch		Addition	
ΠLE	•		12 NA				55 KUT 2477				_	_	
NAME	BARGE, ABE					1	4. 5 5° ".						
STREET ADDRESS	5400 BALLAMS AVE				ADDRESS		, , ,		•		•		
CITY-ST-ZIP	PENSACOLA FL 32503			TY-ST	ZIP			<u> </u>		T Ch	2000	Addition	
TITLE	<b>V</b>	☐ DELE	TE 2.1 TT	ILE						Пон	ango	- Addition	
NAME	ABNER, WILLIE		2.2 N	ME	1							,	
STREET ADDRESS	918 W STRONG ST		2.3 ST	REET	ADDRESS						•	·	
CITY-ST-ZIP	PENSACOLA FL 32501		2. 4 C	ITY-ST	-ZIP								
TITLE	D	☐ DELE	TE 3.1 TF	ΠË						Ch	ange	Addition	
NAME	DURGINS, JOHN L.		3.2 N/	WE				•					
STREET ADDRESS	HARA E ACCUTE OF		3.3 \$7	REET	ADDRESS								
CITY-ST-ZIP	PENSACOLA FL 32503		34 C	TY-ST	-ZIP								
TITLE	T	☐ DELE								Ch	ange	☐ Addition	
	BARNETT, JOHN L		4.2 N	AME	1								
NAME : : :	ACAA NI OTILANT				ADDRESS				,::; · · ·	3	`, ` ;		
STREET ADDRESS	PENSACOLA FL 32503			TY-ST					4				
CITY-ST-ZIP	D .	DELE			· LIF					□ Ch	ange	Addition	
TITLE	1 -		5.1 N							_	-	=	
NAME	JONES, CARL				ADDRESS							i	
STREET ADDRESS	1014 N. B STREET				1						-		
CITY-ST-ZIP	PENSACOLA FL 32503			TY-ST	-217					Cr	anco	Addition	
TITLE	D	☐ DELE					* *			니니	iai iAc		
NAME	WATER, DAVIS J		6.2 N/						•				
STREET ADDRESS	2909 RHYTHM ST	,	6.3 \$1	REET	ADDRESS					•			
CITY-ST-ZIP	PENSACOLA FL 32505	•		TY-ST								<u> </u>	
14. I hereby	certify that the information supplied v	vith this filing does not qua	lify for the exe	motic	on stated in S	Section	n 119.07(3)(i), Flor	ida Statutes.	I further cer	tify tha	t the ir	iformation	

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 attactment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable