


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90022 012 ****61.25

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|---|---|
| DOCUMENT # N00000002302 |  |
| 1. Entity Name FORT WALTON BEACH BONSAI SOCIETY, INC. | |

| | |
|--|--|
| Principal Place of Business 2817 JACK NICKLAUS WAY SHALIMAR, FL 32579-2227 US | Mailing Address PO BOX 224 SHALIMAR, FL 32579-0224 US |
|--|--|

DO NOT WRITE IN THIS SPACE



02072004 No Chg-NP CR2E037 (10/03)

| | |
|--|---|
| 4. FEI Number 59-3631436 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LIPPINCOTT, EDWIN W
2817 JACK NICKLAUS WAY
SHALIMAR, FL 32579-2227

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HUND, EDGAR 243 YACHT CLUB DRIVE NICEVILLE, FL 325783720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PICKER, FRAN 14 PANDORA DRIVE CRESTVIEW, FL 325361804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LIPPINCOTT, EDWIN W 2817 JACK NICHOLAS WAY SHALIMAR, FL 32579 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PICKER, NANCY 14 PANDORA DRIVE CRESTVIEW, FL 325361804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin W. Lippincott **Edwin W. Lippincott** 13 Feb 04, 850-651-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #