

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002302

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC4254223242**

**Entity Name:** FORT WALTON BEACH BONSAI SOCIETY, INC.

**Current Principal Place of Business:**

2817 JACK NICKLAUS WAY  
SHALIMAR, FL 32579-2227

**Current Mailing Address:**

PO BOX 224  
SHALIMAR, FL 32579-0224 US

**FEI Number:** 59-3631436

**Certificate of Status Desired:** No

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

LIPPINCOTT, EDWIN W  
2817 JACK NICKLAUS WAY  
SHALIMAR, FL 32579-2227 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name VOELKER, ROSEMARIE  
Address 400 N SUNSET BLVD  
City-State-Zip: GULF BREEZE FL 32561-4060

Title TD  
Name LIPPINCOTT, EDWIN W  
Address 2817 JACK NICKLAUS WAY  
City-State-Zip: SHALIMAR FL 32579-2227

Title SD  
Name VANDERPOOL, LELAND  
Address 902 MIDDLE DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547-2850

*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:** EDWIN W LIPPINCOTT

**TREASURER**

**01/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date