

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24731

FILED
Jan 27, 2015
Secretary of State
CC7712725345

Entity Name: FRIENDSHIP CLUB OF WARM MINERAL SPRINGS, INC.

Current Principal Place of Business:

12125 WARM MINERAL SPRINGS DRIVE
WARM MINERAL SPRINGS, FL 34287

Current Mailing Address:

12306 ALTAMIRA ST
NORTH PORT, FL 34287

FEI Number: 65-0093860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROTH, FRITZ
12306 ALTAMIRA ST
WARM MINERAL SPRINGS, FL 34287 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 P
Name ROTH, ERIKA
Address 12306 ALTAMIRA ST
City-State-Zip: NORTH PORT FL 34287

Title VP
Name HESELER, INGRID
Address 4433 PERSIAN LN:
City-State-Zip: NORTH PORT FL 34287

Title 2 VP
Name SCHLOGL, RUTH
Address 18431 MONET AVE.
City-State-Zip: PORT CHARLOTTE FL 33948

Title TD
Name SCHLOGL, FRANK
Address 18431 MONET AVE:
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name PAVEK, EUGENE
Address 1515 FOREST NELSON BVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title DS
Name WECKER, SHIRLEY
Address 6885 AMOKO CT.
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name WECKER, WILLIAM
Address 6885 AMOKO CT.
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name HESELER, WALTER
Address 4433 PERSIAN LN.
City-State-Zip: NORTH PORT FL 34287

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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: FRANK SCHLOGL

TD

01/27/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PAVEK, MARINA
Address 1515 FOREST NELSON BVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name BAUMANN, ERWIN
Address 12306 ALTAMIRA
City-State-Zip: NORTH PORT FL 34287

Title ASST. TREASURER
Name LAVERDIERE, GERDA L
Address 15033 LAKELAND CIRCLE
SOUTH GULF COVE
City-State-Zip: PORT CHARLOTTE FL 33981