

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000077249

**Entity Name:** THE OFF BASE CLUB INC

**Current Principal Place of Business:**

8624 BROAD ST  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

8624 BROAD ST  
NEW PORT RICHEY, FL 34654

**FEI Number: 88-4091550**

**Certificate of Status Desired: No**

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

SMITH, WILLIAM D  
8469 CRANES ROOST DR  
NEW PORT RICHEY, FL 34654 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            PRESIDENT/COMMANDER  
Name            WILLIAMS, WESSON D  
Address        5250 MILLER BAYOU DR  
City-State-Zip: NEW PORT RICHEY 34668

Title            VP, 1ST VICE COMMANDER  
Name            HYDE, LIONEL  
Address        9162 REMINGTON DR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            VP, 2ND VICE COMMANDER  
Name            COOK, RALPH  
Address        6046 CONCORDIA AVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title            TREASURER  
Name            TARMAN, MARGARET  
Address        9715 CHRIS ST  
City-State-Zip: NEW PORT RICHEY FL 34669

Title            ADJUTANT  
Name            TICE-HIGH, BAMBI  
Address        11204 LINDEN LANE  
City-State-Zip: NEW PORT RICHEY FL 34668

Title            JUDGE ADVOCATE  
Name            NEBRASKI, JOHN  
Address        12151 PENZANCE LN  
City-State-Zip: NEW PORT RICHEY FL 34654

Title            HOUSE CHAIRMAN  
Name            SMITH, WILLIAM D  
Address        8469 CRANES ROOST DR  
City-State-Zip: NEW PORT RICHEY FL 34654

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM SMITH**

**HOUSE CHAIRMAN**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date