

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90137 030 ****70.00

DOCUMENT # 703319

1. Entity Name

CLUB 61 INC



Principal Place of Business

1015 N. K. STREET
PENSACOLA FL 32501
US

Mailing Address

1015 N. "K" ST.
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1421055

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANFIELD, WILLIE H., JR.
1015 N "K" STREET
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PMD	<input type="checkbox"/> Delete
NAME	STANFIELD, WILLIE H. JR	
STREET ADDRESS	1009 N. K. ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	MINOR EMMA R.	
STREET ADDRESS	116 WARWICK AVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	SINKFIELD, WILLIAM M. JR.	
STREET ADDRESS	1209 W BOBE ST	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SM	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, ANNIE MAE	
STREET ADDRESS	56 PAGE ST	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SMD	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, ANNIE MAE	
STREET ADDRESS	56 ANGIE ST.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEO. HARRIS	
STREET ADDRESS	3403 W. LEE ST.	
CITY - ST - ZIP	PENSACOLA, FLA.	
TITLE	SMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, RICH JR	
STREET ADDRESS	236 BROUSSARD, ST.	
CITY - ST - ZIP	PENSACOLA, FLA.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Willie H. Stanfield Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

850-432-0232

Daytime Phone #