2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # 703319** 1. Entity Name 04-28-2005 90186 033 ****70.00 **CLUB 61 INC** Principal Place of Business Mailing Address 1015 N."K" ST. PENSACOLA FL 32501 US 1015 N. K. STREET PENSACOLA FL 32501 14004368 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FE! Number 59-1421055 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANFIELD, WILLIE H., JR. 1015 N "K" STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL: 32501 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VMD TITLE ☐ Delete Addition TITLE 저 Change STANFIELD, WILLE H, JR. HARRIS, THED NAME 3403 W LEE ST 1015 N.K ST. STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change Addition EMMA MINOR 116 WARWICK AVE PENSACOLA, P. 32503 GALLOWAY, RICH JR NAME NAME 236 BROUSSARD ST STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP WEATHERS POON, ARCHIE TITLE ☐ Delete TITLE Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 4