


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

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 703958</b> 1. Entity Name <b>LA-WEST FISHING CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 961 C/O FRANK JONES OPELIKA AL 36803 US</b>		Mailing Address <b>P.O. BOX 961 C/O FRANK JONES OPELIKA AL 36803 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>63-0978859</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, WILTON R. 201 S MONROE ST. #500 TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT</b> <b>BROWN, ORRIN</b> <b>611 N. 9TH STREET</b> <b>OPELIKA AL 36801</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>all officers are the same as prior year</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STT</b> <b>JONES, FRANK</b> <b>909 LAKESHORE AVE</b> <b>OPELIKA AL 36801</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000017065</b> <b>01/28/04-80081-012 61.25</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>PHILLIPS, JODY</b> <b>1102 WILLOW RUN</b> <b>OPELIKA AL 36801</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WILSON, RONNIE</b> <b>1002 SHELBY AVENUE</b> <b>OPELIKA AL 36801</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT</b> <b>JERNIGAN, CHARLES</b> <b>1115 E. COLLINWOOD CIRCLE</b> <b>OPELIKA AL 36801</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT</b> <b>JACKSON, CARSON</b> <b>519 TERRACWOOD DRIVE</b> <b>OPELIKA AL 36801</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** Frank Jones Sec. Treas. **1-22-OK 334-749-8306**