

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90042 005 \*\*\*\*61.25

**DOCUMENT # 703958**

1. Entity Name

LA-WEST FISHING CLUB, INC.



Principal Place of Business

P.O. BOX 961  
C/O FRANK JONES  
OPELIKA AL 36803  
US

Mailing Address

P.O. BOX 961  
C/O FRANK JONES  
OPELIKA AL 36803  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

63-0978859

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

MILLER, WILTON R.  
201 S MONROE ST. #500  
TALLAHASSEE FL 32301

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, 2006**

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	PT	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ORRIN	
STREET ADDRESS	611 N. 9TH STREET	
CITY - ST - ZIP	OPELIKA AL 36801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, FRANK	
STREET ADDRESS	909 LAKESHORE AVE	
CITY - ST - ZIP	OPELIKA AL 36801	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, JODY	
STREET ADDRESS	1102 WILLOW RUN	
CITY - ST - ZIP	OPELIKA AL 36801	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, FRANK V	
STREET ADDRESS	602 AVENUE A	
CITY - ST - ZIP	OPELIKA AL 36801	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	JERNIGAN, CHARLES	
STREET ADDRESS	1115 E. COLLINWOOD CIRCLE	
CITY - ST - ZIP	OPELIKA AL 36801	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JACKSON, CARSON	
STREET ADDRESS	519 TERRACWOOD DRIVE	
CITY - ST - ZIP	OPELIKA AL 36801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray, Jerry	
STREET ADDRESS	1401 Oakbowery Road	
CITY - ST - ZIP	Opelika, AL 36801	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Orrin	
STREET ADDRESS	611 N. 9th Street	
CITY - ST - ZIP	Opelika, AL 36801	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kuykendall, Dan	
STREET ADDRESS	1204 Uniroyal Road	
CITY - ST - ZIP	Opelika, AL 36801	
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 exemptions contained in Section 119, 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.* FRANK JONES 2-2-06 334219-8306