2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2008 08:00 AM Secretary of State **DOCUMENT # 708050** WEST WABASSO PROGRESSIVE CIVIC CLUB, INC. Principal Place of Business Mailing Address NORTH 64TH AVENUE NORTH 64TH AVENUE P.O. BOX 786 WABASSO FL 32970 P.O. BOX 786 WABASSO FL 32970 2. Principa! Place of Business - No P.Q. Box # 3. Mailing Address Suite, Apt. #, etc Suito, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-6216252 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCINTOSH, BRUCE Street Address (P.O. Box Number is Not Acceptable) 8629 85TH ST WABASSO FL 32970 City 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. angsakas lasan septisi pisik FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE DOUGLAS, EUGENE NAME NAME U00000843005 356 BAYFRONT TERR STREET ADDRESS STREET ADDRESS 03/11/08-80052-016 70.00 SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP TITLE Delote TITLE MCINTOSH, SYLVESTER NAME NAME 6455 68 LANE STREET ADDRESS STREET ADDRESS WABASSO FL CITY- ST-ZIP City-St-7P TD TITLE TITLE Delete KELLY, CLAY A NAME NAME STREET ADDRESS 8430 62ND AVE STREET ADDRESS VERO BCH FL 32967 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THLE Change Addition MINNIS, W.C.JR NAME NAME 8466 63 AVE STREET ADDRESS STREET ADDRESS WABASSO FL 32970 CITY-ST-ZIP CITY-ST-ZiP TITLE Delete 11111 Change Addition MCINTOSH, BRUCE NAME NAME 8629 85TH ST STREET ADDRESS STREET ADDRESS WABASSO FL 32970 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change Addition TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP

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indicated on this report or supplemental report is true and accurate and that my signature snall have the same legal offect 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. 2/26/07

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE: