

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:33

DOCUMENT # 733942

(7)

1. Corporation Name

AUBURN CLUB OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 468
PENSACOLA FL 32592
US

P.O. BOX 468
PENSACOLA FL 32592
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1975

3a. Date of Last Report

08/31/1994

4. FEI Number

59-1624353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENZ, ROBERT A.
25 W CEDARS ST
PENSACOLA FL 32952

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LOWREY, JACK	P.O. BOX 468 N/A	PENSACOLA FL 32592
T	LOWREY, PATRICIA	P.O. BOX 468	PENSACOLA FL 32592
P	MC CLAIN, JOHN	P.O. BOX 468	PENSACOLA FL 32592
D	DREADIN, MARK	P.O. BOX 468	PENSACOLA FL 32592
D	BEOVICH, FRANK	P.O. BOX 468	PENSACOLA FL 32592
S	MCCLAIN, TOSIA	P.O. BOX 468	PENSACOLA FL 32592

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☒	☐
T	Tidwell, David	P.O. Box 468	Pensacola, FL 32592	☒	☐
P	McCoy, Ray	30 E. Brainard Ave.	Pensacola, FL 32501	☒	☐
D	Tidwell, Karen	P.O. Box 468 N/A	Pensacola, FL 32592	☒	☐
D	Harper, Donnie	P.O. Box 468 N/A	Pensacola, FL 32592	☒	☐
S	Peavy, Diane	226 Le Starboard Dr.	Pensacola Beach, FL 32561	☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L Tidwell
David L Tidwell

3/20/95

704-458-0255