

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
09/29/1975

3a. Date of Last Report  
03/24/1995

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

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE D ☒ DELETE  
NAME LOWREY, JACK  
STREET ADDRESS P.O. BOX 468 N/A  
CITY-ST-ZIP PENSACOLA FL 32592

TITLE T ☒ DELETE  
NAME TIDWELL, DAVID  
STREET ADDRESS P O BOX 468 N/A  
CITY-ST-ZIP PENSACOLA FL

TITLE P ☐ DELETE  
NAME MCCOY, RAY  
STREET ADDRESS 20 E. BRAINARD AVE  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☒ DELETE  
NAME TIDWELL, KAREN  
STREET ADDRESS P O BOX 468 N/A  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☒ DELETE  
NAME HARPER, DONNIE  
STREET ADDRESS P O BOX 468 N/A  
CITY-ST-ZIP PENSACOLA FL

TITLE S ☐ DELETE  
NAME PEAVY, DIANE  
STREET ADDRESS 226 LE STARBOARD DR  
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 000001758780  
1.2 NAME -04/04/98--01005--006  
1.3 STREET ADDRESS \*\*\*61.25  
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT (D) ☒ Change ☐ Addition  
2.2 NAME ARTIE DAVIS  
2.3 STREET ADDRESS 204 CAMELIA ST,  
2.4 CITY-ST-ZIP GULF BREEZE, FL. 32561

3.1 TITLE PRESIDENT (P) ☒ Change ☐ Addition  
3.2 NAME RAY MCCOY  
3.3 STREET ADDRESS 1001 1/2 N. U. ST.  
3.4 CITY-ST-ZIP PENSACOLA, FL. 32505-6857

4.1 TITLE VICE PRESIDENT (D) ☒ Change ☐ Addition  
4.2 NAME VAN PEAVY  
4.3 STREET ADDRESS 226 LE STARBOARD DR,  
4.4 CITY-ST-ZIP PENSACOLA BEACH, FL. 32561

5.1 TITLE SECRETARY (D) ☒ Change ☐ Addition  
5.2 NAME CONNIE SYNCO  
5.3 STREET ADDRESS 4614 MARSEILLE, DR.  
5.4 CITY-ST-ZIP PENSACOLA, FL. 32505

6.1 TITLE TREASURER (D) ☒ Change ☐ Addition  
6.2 NAME DIANE PEAVY  
6.3 STREET ADDRESS 226 LE STARBOARD DR.  
6.4 CITY-ST-ZIP 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:

DIANE PEAVY Treasurer

2/27/96 904-932-8763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)