NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 733942

1. Corporation Name

AUBURN CLUB OF WEST FLORIDA, INC.

Country

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Principal Place of Business P.O. BOX 468 PENSACOLA FL 32592

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P.O. BOX 468 PENSACOLA FL 32592

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

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FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90183 025 ****61.25

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Date Incorporated or Qualifed

09/29/1975

59-1624353

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

BENZ, ROBERT A. 25 W CEDARS ST PENSACOLA FL 32952 83 84 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by th 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. 12. Signature, typed or printed name of registered agent and title if applicable. 13. TITLE PD PEAVY, VAN 12. NAME PEAVY, VAN 12. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32561 13. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32561 22. ACITY-ST-ZIP PENSACOLA FL 32561 23. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32561 24. CITY-ST-ZIP PENSACOLA FL 32561	Signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Change Addition DAVIS, WAYNE IDRESS 1911 EAST MALLORY ST ZIP PENSACOLA, FL 32503 TD WRIGHT, BRIAN
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NAME 62 NAME	
STREET ADDRESS 6.3 STREET A	NDDRESS
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption	- L

Country

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4. 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 annual report or supplemental annual peport 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 fustee 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

350 436 765 k

CR2E027 /11/0

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable