

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733942

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** AUBURN CLUB OF WEST FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 468  
PENSACOLA, FL 32592 US

**New Principal Place of Business:**

1201 N. NINTH AVENUE  
PENSACOLA, FL 32501 US

**Current Mailing Address:**

P.O. BOX 468  
PENSACOLA, FL 32592 US

**New Mailing Address:**

PO BOX 468  
PENSACOLA, FL 32592 US

**FEI Number:** 59-1624353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARRIS, RUSS  
1917 N. 19TH AVE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SHANKS, MITZI  
Address: 401 PLANTATION HILL ROAD  
City-St-Zip: GULF BREEZE, FL 32561

Title: TD ( ) Delete  
Name: SHERMAN, ROGER  
Address: 2430 CONNELL DR  
City-St-Zip: PENSACOLA, FL 32503

Title: P ( ) Delete  
Name: WINDHAM, JOHN  
Address: 1330 E. MALLORY ST  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: SHANKS, MITZI  
Address: 401 PLANTATION HILL ROAD  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SHERMAN

TD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date