

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739101

1. Entity Name
PERRY MEN'S CLUB, INC.



Principal Place of Business
1051 SOUTH WARNER STREET
PERRY, FL 32347

Mailing Address
103 WORLEY WAY
PERRY, FL 32347

FILED

04 JAN -7 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2677353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID L
103 WORLEY WAY
PERRY, FL 32347

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, DAVID L
STREET ADDRESS 103 WORLEY WAY
CITY-ST-ZIP PERRY, FL 32347

TITLE VD
NAME WELLS, NORMAN
STREET ADDRESS 704 WEST UNION ST
CITY-ST-ZIP PERRY, FL 32347

TITLE VD
NAME DEMPS, THOMAS
STREET ADDRESS 213 WEST WALNUT
CITY-ST-ZIP PERRY, FL 32347

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

700028057637
02/02/04--01092--013 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04
Date

Daytime Phone #