

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90768 008 ****61.25

DOCUMENT # 742891

1. Entity Name

THE PENSACOLA EAGLES C.B. CLUB, NO. 101, INC.



Principal Place of Business

1107 NORTH 'R' STREET
PENSACOLA FL 32505
US

Mailing Address

1107 NORTH 'R' STREET
PENSACOLA FL 32505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1766324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCANTS, WOODROW
780 BROAD STREET
PENSACOLA FL

Name

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

City

FL

Zip Code

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

Woodrow McCants

4/28/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ V ☐ Delete
NAME LEE WATSON, LULA
STREET ADDRESS 1017 NORTH 'C' STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☒ P ☐ Delete
NAME MCCANTS, WOODROW
STREET ADDRESS 703 W BROAD ST
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☒ SD ☐ Delete
NAME JENKINS, ANNIE
STREET ADDRESS 1107 NORTH 'R' STREET
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☒ T ☐ Delete
NAME HARDAWAY, RICKY
STREET ADDRESS 780 W LAKEVIEW STREET
CITY-ST-ZIP PENSACOLA FL

TITLE ☒ S ☐ Delete
NAME CARTER, ELMER
STREET ADDRESS 3412 NORTH 7TH AVE
CITY-ST-ZIP PENSACOLA FL 32502

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Annie Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #

802 444-9932