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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743579 (5)

1. Corporation Name

NORTHWEST FLORIDA RETIRED OFFICER'S CLUB, INC.

Principal Place of Business

123 STAFF DR
P.O. BOX 310
FT WALTON BCH FL 32549-0310

Mailing Address

123 STAFF DR
P.O. BOX 310
FT WALTON BCH FL 32549-0310



3. Date Incorporated or Qualified
07/13/1978

3a. Date of Last Report
03/31/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABBITT, BRUCE C
123 STAFF DR
FT. WALTON BEACH FL 32548

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME CULLEN, WILLIAM J
STREET ADDRESS 131 WYNNEHAVEN BEACH ROAD
CITY-ST-ZIP MARY ESTER FL

TITLE ☒ DELETE

NAME ARPKE, CHARLES K.
STREET ADDRESS 2411 ROCKY SHORES DR
CITY-ST-ZIP NICEVILLE FL 32578-2370

TITLE ☒ DELETE

NAME ADAMS, LESTER M
STREET ADDRESS 20 SHARILYN DR.
CITY-ST-ZIP SHALIMAR FL

TITLE ☒ DELETE

NAME WILSON, ROBERT D
STREET ADDRESS 266 MISSISSIPPI AVENUE
CITY-ST-ZIP VALPARAISO FL

TITLE ☒ DELETE

NAME LOWMAN, RAYMOND P
STREET ADDRESS 140 BAYWIND DRIVE
CITY-ST-ZIP NICEVILLE FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PD
CULLEN, WILLIAM J
131 WYNNEHAVEN BCH RD
MARY ESTHER FL 32569-1379

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

D
WILSON, ROBERT D
266 MISSISSIPPI AVE
VALPARAISO FL 32580-1527

☐ Change ☐ Addition

☐ Change ☒ Addition

VD
REINLIE, ROBERT L
121 VIRGINIA DR NW
FT WALTON BCH FL 32548-4155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 96 (904) 678-3446
Date Daytime Phone #

CR2E037 (12/95)