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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32549-03103. Date Incorporated or Qualified
07/13/19783a. Date of Last Report
02/08/1996

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	CULLEN, WILLIAM J	131 WYNNEHAVEN BEACH ROAD	MARY ESTER FL	<input checked="" type="checkbox"/>
SD	ARPKE, CHARLES K.	2411 ROCKY SHORES DR	NICEVILLE FL 32578-2370	<input type="checkbox"/>
TD	ADAMS, LESTER M	20 SHARILYN DR.	SHALIMAR FL	<input checked="" type="checkbox"/>
D	WILSON, ROBERT D	286 MISSISSIPPI AVENUE	VALPARAISO FL	<input checked="" type="checkbox"/>
VD	LOWMAN, RAYMOND P	140 BAYWIND DRIVE	NICEVILLE FL	<input checked="" type="checkbox"/>
VD	REINLIE, ROBERT L	121 VIRGINIA DRIVE NW	FT WALTON BEACH FL	<input type="checkbox"/>

13.

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

ND DIRECTORS IN 12

☐ Change ☒ AdditionPD
LOWMAN, RAYMOND P
10104 CALLE DE PALENCIA DR
NAVARRE FL 32566-3027SD
ARPKE, CHARLES K
1064 LAKE WAY DR
NICEVILLE FL 32578-1721TD
MAHEU, ROBERT F
1002 LAKE WAY DR
NICEVILLE FL 32578-1721D
CULLEN, WILLIAM J
131 WYNNEHAVEN BCH RD
MARY ESTHER FL 32569-1379VD
HEAVENER, JAMES D
312 GARDNER DR NE
FT WALTON BCH FL 32548-5140☐ Change ☒ Addition☐ Change ☒ Addition☐ Change ☒ Addition☐ Change ☐ Addition

14. I do 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 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 statement; 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
ON CHARLES K ARPKE
1064 LAKE WAY DRIVE
NICEVILLE, FL 32578-1721Date: Jan 97 9046783446
Daytime Phone # 9074023

CR2E037 (9/96)