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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743579

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/13/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7434498

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **D LOWMAN, RAYMOND P**
STREET ADDRESS **10104 CALLE DE PALENCIA DR**
CITY-ST-ZIP **NAVARRE FL 32566**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition
D
STEARNS, ALLAN M
2 IPSWICH CIR NE
FT WALTON BCH FL 32547-1746

TITLE ☐ DELETE
NAME **SD ARPKE, CHARLES K.**
STREET ADDRESS **1064 LAKE WAY DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **TD MAHEU, ROBERT F.**
STREET ADDRESS **1002 LAKE WAY DR**
CITY-ST-ZIP **NICEVILLE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **D REILLY, NEIL A**
STREET ADDRESS **P O BOX 5175-BWB**
CITY-ST-ZIP **NICEVILLE FL 32578**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition
D
MANN, JR, F W
630 MERIONETH DR NE
FT WALTON BCH FL 32547-1757

TITLE ☐ DELETE
NAME **VD GLUNN, FRANKLIN J**
STREET ADDRESS **1069 EMERALD BAY DR**
CITY-ST-ZIP **DESTIN FL 32541**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition
PD
GLUNN, FRANKLIN J
1069 EMERALD BAY DR
DESTIN FL 32541-3784

TITLE ☒ DELETE
NAME **PD REINLIE, ROBERT L**
STREET ADDRESS **121 VIRGINIA DRIVE NW**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition
VD
CONRAN, PHILIP J
314 OLDE POST RD
NICEVILLE FL 32578-3904

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

5 Jan 99 850 6783446