

DOCUMENT # 743579
1. Entity Name
NORTHWEST FLORIDA RETIRED OFFICER'S CLUB, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90028 033 ****61.25

Principal Place of Business Mailing Address
1064 LAKE WAY 1064 LAKE WAY
P.O. BOX 310 P.O. BOX 310
FT WALTON BCH FL 32549-0310 FT WALTON BCH FL 32549-0310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1064 Lake Way Dr P.O. Box 310
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Niceville, FL FT. Walton Bch., FL
Zip Zip
32578-1777 32549-0310
Country Country

4. FEI Number 23-7434498 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BABBITT, BRUCE C
123 STAFF DR
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
Name
Street ARPKE, CHARLES K
1064 LAKE WAY DR
NICEVILLE FL 32578-1777
City 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.

SIGNATURE *Charles K. Arpke*
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
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, ALLAN M 2 IPSWICH CIR NE FT WALTON BCH FL 32547--174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARPKE, CHARLES K 1064 LK WAY DR NICEVILLE FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENT, TROY J 95 MEIGS DR. SHALIMAR FL 32579-2145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-D BYERLEY, WILLIAM H 117 COUNTRY CLUB RD SHALIMAR FL 32579-1607 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, F W JR 630 MERIONETH DR FT WALTON BCH FL 32547--175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLUNN, FRANKLIN J 1069 EMERALD BAY DR DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, E GORDON 731 FORREST SHORES DR MARY ESTHER FL 32569-2704 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYAN, WILLIAM F 622 OVERBROOK DR. FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles K. Arpke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. CHARLES K. ARPKE
1064 LAKE WAY DRIVE
NICEVILLE, FL 32578-1777
Date 01/12/2001 Daytime Phone # 850 678 3446