

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90080 030 \*\*\*\*70.00

**DOCUMENT # 747944**

1. Entity Name

DEEP WATER CITY LODGE, NO. 751, OF ESCAMBIA  
COUNTY, FLORIDA, INCORPORATED



Principal Place of Business

304 NORTH COYLE STREET  
PENSACOLA, FL 32501

Mailing Address

P.O. BOX 2661  
PENSACOLA, FL 32513-2661

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-0520359

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STANTON, DAN  
626 WYNN HURST ST  
PENSACOLA, FL 32503

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME STANTON, DAN  
STREET ADDRESS 626 WYNN HURST ST  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE S  
NAME GASTON, JAMES A  
STREET ADDRESS 716 GENTIAN DR  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE DT  
NAME EVANS, DAN  
STREET ADDRESS 511 WEST GADSDEN STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE T  
NAME BLANKERSHIP, ROBERT  
STREET ADDRESS 304 N. COYLE ST  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE T  
NAME MOORE, ALLEN  
STREET ADDRESS 3400 W. YOUNG ST  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE T  
NAME ~~HOLLEY, SYLVESTER JR~~ JOHN WILLIAMS  
STREET ADDRESS ~~843 WELCOME DR~~ 1580 LEPELLEY RD  
CITY-ST-ZIP PENSACOLA, FL ~~32533~~ 32534

**DO NOT WRITE  
IN THIS SPACE**

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:

DAN STANTON  
*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

(850) 497-3152

Daytime Phone #