

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764376

FILED
Mar 01, 2009
Secretary of State

Entity Name: FORT WALTON BEACH SAILFISH CLUB, INC.

Current Principal Place of Business:

23 MEIGS DR
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26
SHALIMAR, FL 325790026

New Mailing Address:

FEI Number: 59-2370381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEBOER, WILLIAM J JR
140 DANA POINTE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAGWELL, JOE
Address: 402 REGATTA DR
City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete
Name: YOUNG, KIRK
Address: 198 SATAUMA RD
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: MEEBOER, WILLIAM J JR
Address: 140 DANA POINTE
City-St-Zip: NICEVILLE, FL 32541

Title: SD () Delete
Name: LAUSHINE, STEPHAN
Address: 604 CINCO TERRACE LN
City-St-Zip: FORT WALTON BEACH, FL 32569

Title: D () Delete
Name: TAYLOR, BOB
Address: 112 MEIGS
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: SIPOS, TOM
Address: 31 CARL BRANDT DR
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: FISHER, BOBBY
Address: 599 E HWY 98
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LUNBLAD, TERRY
Address: 633 BIRKDALE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J MEEBOER JR.

TR

03/01/2009

Electronic Signature of Signing Officer or Director

Date