

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90001 021 ****61.25

DOCUMENT # 765489

1. Entity Name

BRITISH WEST FLORIDIANS CLUB INCORPORATED



Principal Place of Business

1924 SOUTHWING CIRCLE
PENSACOLA FL 32506
US

Mailing Address

1924 SOUTHWING CIRCLE
PENSACOLA FL 32506
US

2. Principal Place of Business

FELIX MIGA CENTER

3. Mailing Address

89 SHORELINE DR

Suite, Apt. #, etc.

904 N. 5TH AVE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

GULF BREEZE

Zip

32506

Country

U. S. A.

Zip

32561

Country

U. S. A.

4. FEI Number

59-2306536

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEAN M. CURTIS
1924 SOUTHWING CIRCLE
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name **ROSEMARY FISH**

Street Address (P.O. Box Number is Not Acceptable)

89 SHORELINE DR

City

GULF BREEZE

FL

Zip Code

32561

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

Rosemary Fish

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 5, 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD CATHEY, EDNA 710 SCENIC HWY., #305 PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURTIS, JEAN M 1924 SOUTHWIND CIR. PENSACOLA FL 32506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIES, BRIAN 3404 OAKTREE LANE PACE FL 32571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD DAVIES, BRIAN 3404 OAKTREE LANE PACE, FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOPPER, PAUL 3411 PITCHER PLANT CIR. PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISH, ROSEMARY 89 SHORELINE DR. GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Rosemary Fish* (Rosemary FISH) *Feb. 5, 2004* (850) 932-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #