


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 028 ****61.25

DOCUMENT # 765489 1. Entity Name BRITISH WEST FLORIDIANS CLUB INCORPORATED					
Principal Place of Business FELIX MIGA CENTRE 904 N. 57TH AVE PENSACOLA, FL 32506 US			Mailing Address 89 SHORELINE DR GULF BREEZE, FL 32561 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9900 RAIL CIRCLE Suite, Apt. #, etc.			
City & State PENSACOLA FL		City & State PENSACOLA FL		4. FEI Number NOT APPLICABLE	
Zip 32507	Country US	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISH, ROSEMARY 89 SHORELINE DR GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name CORINNE M. FROST Street Address (P.O. Box Number is Not Acceptable) 9900 RAIL CIRCLE City PENSACOLA FL Zip Code 32507		
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 <u><i>Corinne M Frost</i></u> <u><i>Treasurer</i></u> <u><i>1/21/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE FVPD VICE PRESIDENT <input type="checkbox"/> Delete NAME DAVIES, BRIAN STREET ADDRESS 3404 OAKTREE LANE CITY-ST-ZIP PACE, FL 32571	TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DEBRA CONNORS STREET ADDRESS 3801 WHISPERING PINES DR CITY-ST-ZIP PENSACOLA FL 32504				
TITLE VD <input checked="" type="checkbox"/> Delete NAME TOPPER, PAUL STREET ADDRESS 3411 PITCHER PLANT CIR. CITY-ST-ZIP PENSACOLA, FL 32506	TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CORINNE M. FROST STREET ADDRESS 9900 RAIL CIRCLE CITY-ST-ZIP PENSACOLA FL 32507				
TITLE TD <input checked="" type="checkbox"/> Delete NAME FISH, ROSEMARY STREET ADDRESS 89 SHORELINE DR. CITY-ST-ZIP GULF BREEZE, FL 32561	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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: <u><i>Corinne M Frost</i></u> <u><i>CORINNE M FROST</i></u> <u><i>1/21/05</i></u> <u><i>850 497 0928</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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