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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 766254

(7)

EMPERIAL TWENTY-FIVE CLUB, INC.

CIAIL CLIN	AL INCINITIVE OCOD, II								
Principal Place of Business Mailing Address						I INDIXA INDIA DITAN DIATO 1380; DIXAL	14 14 14 14 14 14 14 14	#1 # 11 # 1 # 11 #	1914 WIDIT 1881
1750 GIBBONS BARTOW FL 33		1750 GIBBONS ST BARTOW FL 33830-6617	1750 GIBBONS ST BARTOW FL 33830-6617						
						3. Date incorporated or Qualified 12/22/1982		of Last F 4/14/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE	Applied For Not Applicable			
!1		26 Suite Act # ato				1101 711 121071022			Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing			О Мау Ве
23		28		- -		Trust Fund Contribution			to Fees
Zip	Country	Zip Co		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	25 25 9. Name and Address of Curre					10. Name and Address of New Registered Agent			
				81	Name				
WATSON	,GEORGE W.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	BONS STREET			83					
BARTOW	FL 33830								
				84	City		FL	85 Zip	o Code
familiar wit	th, and accept the obligations of, Sec	otion 617.0503, Florida Statute	S .			and of directors. I hereby accept the app	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	V	_		1.1 TITLE			L	_ Change	☐ Addition
NAME	ROBINSON, FLOYD			NAME	+DDDCCC				
STREET ADDRESS	806 S.E. FIFTH ST MULBERRY FL			1.3 STREET ADDRESS 1.4 City-St-Zip					
CITY-ST-ZI ²	P	DELETE		21 TITLE 22 NAME				Change	Addition
NAME	SMITH, BEN		2.21				-		
STREET ADDRESS	4911 84TH STREET SOUTH		23	2 3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL			2 4 CITY - ST - ZIP			r	Change	Addition
TITLE	SD NAME DATE	DELETE		3 1 TITLE 3 2 NAME			ı		
NAME	WYNN, RALPH 1070 E. TEE CIRCLE				ADDRESS				
STREET ADDRESS CITY-ST-ZIP	BARTOW FL			. CHY-S					
TITLE	MBD	DELETE	4.1	TITLE			(Change	☐ Addition
NAME	COLUNS, GEORGE			2 NAME					
STREET ADDIRESS					ADDRESS				
CITY - ST - Z/P	BARTOW FL	DELETE		CITY - S	IT-ZIP			Change	Addition
TITLE	D TD BOSTON, LOUIS	Finerrie		NAME			•		 -
NAME STREET ADDRESS	132 GRANT ST				ADDRESS				
CITY-ST-ZIP	LAKE WALES FL			CITY - S					
TITLE	FS	DELETE		TITLE			٦	Change	☐ Addition
NAME	WATSON, GEROGE W		6.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	BARTOW FL	1 10 40 50 40 4 1 4 4 5	and the set of	CITY-S	a not a jobs.	for the exemption stated in Section 110	9 07(3)(k) Eld	rida Stati	ites. I further
14. I do herel certify that	by certify that the information supplie	noual report or supplemental ar poration or the receiver or trus	nnuai repor itee empov	id doe rt is tru vered	s not qualify ue and accur to execute the	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 617, F	lorida Statut	es; and th	ites. I further if made unde nat my name