

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 766254

1. Entity Name
EMPERIAL TWENTY-FIVE CLUB, INC.



FILED

04 NOV 29 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1750 GIBBONS ST
BARTOW, FL 33830-6617

Mailing Address
1750 GIBBONS ST
BARTOW, FL 33830-6617



2. Principal Place of Business

3. Mailing Address

1750 E. Gibbons Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2004

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, GEORGE W.
1750 GIBBONS STREET
BARTOW, FL 33830

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	BRYANT, WALTER	
STREET ADDRESS	713 S PINE AVENUE	
CITY-ST-ZIP	FORT MEADE, FL 33841	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLOVER, JOHN	
STREET ADDRESS	590 DOROTHY ST	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COBB, LEON R	
STREET ADDRESS	1005 PARKER RD	
CITY-ST-ZIP	LAKE LAND, FL 33811	
TITLE	MBD	<input checked="" type="checkbox"/> Delete
NAME	FOREST, WILLIE L	
STREET ADDRESS	1140 GAUSE STREET	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOSTON, LOUIS	
STREET ADDRESS	132 GRANT ST	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WATSON, GEORGE W	
STREET ADDRESS	1750 GIBBONS ST	
CITY-ST-ZIP	BARTOW, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800043048068	
STREET ADDRESS	11/29/04--01073--005 **236.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon R. Cobb	
STREET ADDRESS	1005 Parker Avenue	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, George W.	
STREET ADDRESS	1750 E. Gibbons Street	
CITY-ST-ZIP	Bartow, FL 33830	
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:

George W. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #