

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


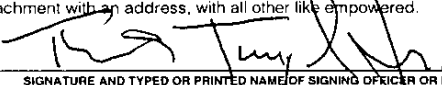
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Mar 03, 2006 8:00 am
Secretary of State

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02282006 Chg-NP CR2E037 (11/05)

DOCUMENT # 769453					
1. Entity Name WEST PALM BEACH FISHING CLUB, INC.					
Principal Place of Business 201 FIFTH STREET P.O. BOX 468 W PALM BCH, FL 33402		Mailing Address 201 FIFTH STREET P.O. BOX 468 W PALM BCH, FL 33402			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0058566	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TWYFORD, THOMAS L., JR. 201 FIFTH STREET W. PALM BEACH, FL 33402			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOLLEY, JOHN W., JR.		NAME		
STREET ADDRESS	2233 GABRIEL LANE	→	STREET ADDRESS	205 S. OCEAN Blvd.	
CITY-ST-ZIP	W. PALM BCH, FL		CITY-ST-ZIP	MANALAPAN, FL	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEISER, DANIEL R.		NAME		
STREET ADDRESS	300 W. RIVERSIDE DR	→	STREET ADDRESS	200 W. RIVERSIDE DR	
CITY-ST-ZIP	JUPITER, FL		CITY-ST-ZIP	JUPITER, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOYD, THOMAS		NAME		
STREET ADDRESS	400 EXECUTIVE CENTER DR. #105		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TWYFORD, THOMAS L., JR.		NAME		
STREET ADDRESS	921 LAUREL RD		STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			2-28-06 (561)832-6780		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		