


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90054 002 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000000594	
<b>1. Entity Name</b> FORT WALTON BEACH COIN CLUB, INC.	

<b>Principal Place of Business</b> P.O. BOX 442 FT. WALTON BEACH FL 32549	<b>Mailing Address</b> P.O. BOX 442 FT. WALTON BEACH FL 32549
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> City	<b>Country</b>	<b>4. FEI Number</b> 59-3688299	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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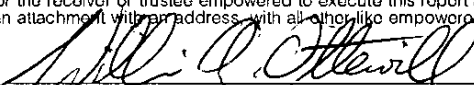
1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  OTTEWILL, WILLIAM A 12 DORAL DR. SHALIMAR FL 32579	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City
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<b>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.</b>
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
<b>DATE</b> _____

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VPD <b>NAME</b> PARENTEAU, DAVID <b>STREET ADDRESS</b> 2445 ELKHART DR <b>CITY-ST-ZIP</b> NAVARRE FL 32566	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> OTTEWILL, WILLIAM <b>STREET ADDRESS</b> 12 DORAL DR <b>CITY-ST-ZIP</b> SHALIMAR FL 32579	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> STUTEVILLE, CINDY <b>STREET ADDRESS</b> <del>5019 GOVERNMENT ST</del> <b>CITY-ST-ZIP</b> <del>GULF BREEZE FL 32568</del>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 120 DOUGLAS DR <b>CITY-ST-ZIP</b> MILTON FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> LANE, PRISCILLA <b>STREET ADDRESS</b> 555 SELINA ST <b>CITY-ST-ZIP</b> PENSACOLA FL 32503	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>
<b>SIGNATURE:</b>  <b>WILLIAM A. OTTEWILL</b> <b>6 FEB 07</b> <b>(850) 651 4633</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>