

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N00000000594

1. Entity Name
FORT WALTON BEACH COIN CLUB, INC.



Principal Place of Business

**P.O. BOX 442
FT. WALTON BEACH, FL 32549**

Mailing Address

**P.O. BOX 442
FT. WALTON BEACH, FL 32549**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3688299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OTTEWILL, WILLIAM A
12 DORAL DR.
SHALIMAR, FL 32579**

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PARENTEAU, DAVID
2445 ELKHART DR
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
OTTEWILL, WILLIAM
12 DORAL DR
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STUTEVILLE, CINDY
120 DOUGLAS DR.
MILTON, FL 32583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LANE, PRISCILLA
555 SELINA ST
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000794706
01/28/08-80018-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. OTTEWILL

1/22/08 850 651 4633

Date

Daytime Phone #