2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N00000000594

Entity Name: FORT WALTON BEACH COIN CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

12 DORAL DR
SHALIMAR, FL 32579

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3688299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: PARENTEAU, DAVID
Address: 2445 ELKHART DR
City-St-Zip: NAVARRE, FL 32566

Title: TD ( ) Delete
Name: OTTEWILL, WILLIAM
Address: 12 DORAL DR
City-St-Zip: SHALIMAR, FL 32579

Title: PD ( ) Delete
Name: STUTEVILLE, CINDY
Address: 120 DOUGLAS DR.
City-St-Zip: MILTON, FL 32583

Title: SD ( ) Delete
Name: LANE, PRISCILLA
Address: 555 SELINA ST
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. OTTEWILL TD 03/06/2009

Electronic Signature of Signing Officer or Director — Date