


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000000805	
<b>1. Entity Name</b> WEST FLORIDA CONFEDERATION OF CLUBS, INC.	

<b>Principal Place of Business</b> 1247 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689	<b>Mailing Address</b> 1247 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689
--	--



04032004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3711836	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

THEOPHILOPOULOS, JERRY S  
1247 SOUTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000109329  
04/12/04-80038-013 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CD
<b>NAME</b>	DAW, WILLIAM
<b>STREET ADDRESS</b>	4035 18TH AVE S.
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33711
<b>TITLE</b>	VCD
<b>NAME</b>	MCCLOSKEY, JACK
<b>STREET ADDRESS</b>	6933 140TH TERR N.
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33760
<b>TITLE</b>	TD
<b>NAME</b>	ELSERT, PETE
<b>STREET ADDRESS</b>	6612 23RD ST N.
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33702
<b>TITLE</b>	D
<b>NAME</b>	ATKINSON, MARION
<b>STREET ADDRESS</b>	6151 109TH AVE N.
<b>CITY-ST-ZIP</b>	PINELLAS PARK, FL 33782
<b>TITLE</b>	T
<b>NAME</b>	MACARAGES, SIDNEY T
<b>STREET ADDRESS</b>	1405 N. KINGSWAY RD
<b>CITY-ST-ZIP</b>	SEFFNER, FL 35584
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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:** x William Daw **WILLIAM DAW** **4-6-04** **727-945-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #