2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N01000000805

Entity Name: WEST FLORIDA CONFEDERATION OF CLUBS, INC.

Current Principal Place of Business:

1247 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1247 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3711836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THEOPHILOPOULOS, JERRY S
1247 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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:	CD	( ) Delete
Name:	DAW, WILLIAM	
Address:	4035 18TH AVE S.	
City-St-Zip:	SAINT PETERSBURG, FL 33711	
Title:	VCD	( ) Delete
Name:	MCCLOSKEY, JACK	
Address:	6933 140TH TERR N.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	TD	( ) Delete
Name:	ELSERT, PETE	
Address:	6612 23RD ST N.	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	ATKINSON, MARION	
Address:	6151 109TH AVE N.	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	T	( ) Delete
Name:	MACARAGES, SIDNEY T	
Address:	1405 N. KINGSWAY RD	
City-St-Zip:	SEFFNER, FL 35584	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 DAW CD 04/24/2005

Electronic Signature of Signing Officer or Director — Date