

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000805

FILED  
Apr 30, 2008  
Secretary of State

**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: TD ( ) Delete  
Name: ELSERT, PETE  
Address: 6612 23RD ST N.  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: T (X) 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:

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 DAW

CD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date