



04-27-2004 90087 009 ****61.25

DOCUMENT # N02000008247				Secretary of State 04-27-2004 90087 009 ****61.25	
1. Entity Name WEST FLORIDA FOUNDERS FRATERNAL, INC.					
Principal Place of Business 117667 HIGHWAY 331, NORTH DEFUNIAK SPRINGS, FL 32433		Mailing Address P.O. BOX 226 PONCE DE LEON, FL 32455			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 20-0069684 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, MARK D 694 BALDWIN AVENUE., SUITE 1 DEFUNIAK SPRINGS, FL 32435				Name <u>Everette L. Laird</u> Street Address (P.O. Box Number is Not Acceptable) <u>218 CLAY STREET</u> City <u>Defuniak Springs</u> FL Zip Code <u>32435</u>	
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 <u>Everette L. Laird</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>4-22-04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAIRD, EVERETTE L		NAME		
STREET ADDRESS	218 CLAY STREET		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFFEY, TIM		NAME		
STREET ADDRESS	91 JONES ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFORD, GREG		NAME		
STREET ADDRESS	1049 BECK BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE, FL 32464		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GEOGHAGAN, DWAYNE		NAME		
STREET ADDRESS	POST OFFICE BOX 1133		STREET ADDRESS		
CITY-ST-ZIP	PAXTON, FL 32538		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELMS, RYAN		NAME		
STREET ADDRESS	2226 HIGHWAY 177A		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UMBERGER, RANDY		NAME		
STREET ADDRESS	5107 MENAWA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
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: <u>Everette L. Laird</u>				4-22-04 850-892-2767	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	