

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008247

FILED
Apr 27, 2005
Secretary of State

Entity Name: WEST FLORIDA FOUNDERS FRATERNAL, INC.

Current Principal Place of Business:

117667 HIGHWAY 331, NORTH
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 226
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 20-0069684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIRD, EVERETTE L
218 CLAY ST.
DEFUNIAK SPRINGS, FL 32435 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: TD () Delete
Name: LAIRD, EVERETTE L
Address: 218 CLAY STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: PD () Delete
Name: DUFFEY, TIM
Address: 91 JONES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VD () Delete
Name: ALFORD, GREG
Address: 1049 BECK BRIDGE ROAD
City-St-Zip: WESTVILLE, FL 32464

Title: SD () Delete
Name: TRANICK, JIM
Address: 6127 BIG DADDY DR.
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: HELMS, RYAN
Address: 2226 HIGHWAY 177A
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BRICKER, BILL
Address: 974 PINEWOOD DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

Title: SD (X) Change () Addition
Name: DUFFY, TIM
Address: 91 JONES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: EVERETTE L. LAIRD

SD

04/27/2005

Electronic Signature of Signing Officer or Director

Date