

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

6/1

06-12-2003 90007 046 ****61.25

DOCUMENT # N02000008247

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

44005376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0069 684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$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 PD
NAME TAYLOR, RUSSELL
STREET ADDRESS 5152 KEYSER MILL ROAD
CITY-ST-ZIP BAKER FL 32531 ☒ Delete

TITLE **PD**
NAME **EVERETTE L. Laird**
STREET ADDRESS **218 Clay Street**
CITY-ST-ZIP **Defuniak Springs FL 32433** ☐ Change ☒ Addition

TITLE VD
NAME DUFFEY, TIM
STREET ADDRESS 91 JONES ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE **PD**
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME ALFORD, GREG
STREET ADDRESS 1049 BECK BRIDGE ROAD
CITY-ST-ZIP WESTVILLE FL 32464 ☐ Delete

TITLE **VD**
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME GEOGHAGAN, DWAYNE
STREET ADDRESS POST OFFICE BOX 1133
CITY-ST-ZIP PAXTON FL 32538 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HELMS, RYAN
STREET ADDRESS 2228 HIGHWAY 177A
CITY-ST-ZIP BONIFAY FL 32425 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME UMBERGER, RANDY
STREET ADDRESS 5107 MENAWA TRAIL
CITY-ST-ZIP MARIANNA FL 32448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

5-31-03

850-292-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/02)