2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36766

FILED Mar 30, 2005 8:00 am Secretary of State

	TERBACK CLUB,	INC.			2003 9	00039 038 ****61	. 20
Principal Ptace of Business 150 E. BURGESS RD PENSACOLA, FL PENSACOLA, FL PENSACOLA, FL 32504		325 0 4				- -	~~~~
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			Chg-NP	CR2E037 (10/03)	
City & State City & State				4. FEI Number NOT APPI	LICABLE	 	pplied For ot Applicable
Zip Country	Zip Count		entry	5. Certificate of		S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BURCH, BRUCE W 7747 FOLKSTONE DR. PENSACOLA, FL 32514			Street Address (P.O. Box Number is Not Acceptable) 220/ Warren Jernigan Place				
				NSACO /A		FL Zp Co	le /4
The above named entity submits this statement f the obligations of registered agent.	or the purpose of chang	ng its register	ed office or re	gistered agent, or both,	in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE JAMES Robert W	ells (PRes.)	(NOTE: Registere	d (gent signesture i	equired when reinweiling)	3-21	6-45 DIE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	\$5.00 May Be Added to Fees Florida Department of State		
Due by may 1, 2005	Trust f	fund Contribut	ion. 🗀				
10. OFFICERS AND D	<u></u>	fund Contribut		Added to Fees	Fior		tate
	<u></u>	11.		Added to Fees ADDITIONS/CHAN	Fior GES TO OFFICE	RS AND DIRECTORS IN	tate
10. OFFICERS AND D	IRECTORS	11. TITL		Added to Fees ADDITIONS/CHAN	Fior GES TO OFFICE	RS AND DIRECTORS IN	N 10
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Interesty certify that the information supplied with risk it in goes not quality for the exemption stated in Section 119.0/(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: