

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90089 046 \*\*\*\*61.25

DOCUMENT # N41345

1. Corporation Name

DYNASTY SOCIAL CLUB, INC.

Principal Place of Business

9909 HILLVIEW ROAD  
PENSACOLA FL 32514

Mailing Address

9909 HILLVIEW ROAD  
PENSACOLA FL 32514



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/19/1990

4. FEI Number

59-3042941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, JOSEPH E.  
9909 HILLVIEW RD.  
PENSACOLA FL 32514-5702

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME LEWIS, JOSEPH E.  
STREET ADDRESS 9909 HILLVIEW RD.  
CITY-ST-ZIP PENSACOLA FL

TITLE V ☐ DELETE  
NAME LEWIS, BRIAN E.  
STREET ADDRESS 10938 MAJURO DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE  
NAME WALKER, JACENTA M.  
STREET ADDRESS 7213 WILLOWSIDE CIRCLE  
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ DELETE  
NAME BIVINS, JANICE O.  
STREET ADDRESS 6099 HILBURN RD.  
CITY-ST-ZIP PENSACOLA FL

TITLE S ☐ DELETE  
NAME LEWIS, PAMELA J.  
STREET ADDRESS 6099 HILBURN RD.  
CITY-ST-ZIP PENSACOLA FL

TITLE VM ☐ DELETE  
NAME LEWIS, GREGORY C.  
STREET ADDRESS 9150 BOWMAN DRIVE  
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E Lewis

Date

Daytime Phone #

4-12-99 - 850-478-2571

CR2E037 (1/98)

0078266