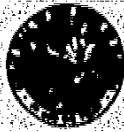


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004105 (3)

1. Corporation Name

F.W.B. DUPLICATE BRIDGE CLUB, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

08/10/1994

4. FEI Number 59-3268034

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Tax Exempt Status

☐

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

100 BUCK DR NE
FORT WALTON BEACH FL
US

PO BOX 4025
FORT WALTON BEACH FL 32549
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, GERALDINE F
6 BAYOU WOODS CT
FORT WALTON BEACH FL 32548

81 Name

JAMES B TUNES

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

2512 VALLEY RD

83

NAVARRE, FL

84 City

NAVARRE

FL

85 Zip Code

32546

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

James B. Tunes

(NOTE: Registered Agent signature required when resigning)

DATE

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	OMLEY, JAN
STREET ADDRESS	501 POCAHONTAS DRIVE
CITY - ST - ZIP	FORT WALTON BEACH FL 32548
TITLE	D
NAME	MARSHALL, GEORGE
STREET ADDRESS	120 N. BEAL PARKWAY
CITY - ST - ZIP	FORT WALTON BEACH FL 32548
TITLE	D
NAME	ELIAS, JOE
STREET ADDRESS	215 BAKER AVE. N.W.
CITY - ST - ZIP	FORT WALTON BEACH FL 32548
TITLE	T
NAME	ANDERSON, LEE A
STREET ADDRESS	235 THOMAS ST
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	MOORE, DONNA S	
1.3 STREET ADDRESS	182 MIRAMAR	
1.4 CITY - ST - ZIP	MARY ESTHER FL 32569-2019	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	ARNOLD, GERALDINE F	
2.3 STREET ADDRESS	6 BAYOU WOODS CT	
2.4 CITY - ST - ZIP	FORT WALTON BEACH FL 32548	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lee A. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 95 904 882-8614

257546