

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004105

1. Entity Name

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



Principal Place of Business

100 BUCK DR NE
FORT WALTON BEACH FL
US

Mailing Address

PO BOX 4025
FORT WALTON BEACH FL 32549
US

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

59-3268034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, BARBARA A
2561 PALM SHORE BLVD.
SHALIMAR FL 32579-1267

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
Due By May 1, 2004

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

TITLE ☐ Delete
NAME MOORE, DONNA S
STREET ADDRESS 4276 CALINDA LANE, APT. 153
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete
NAME ARNOLD, GERALDINE F
STREET ADDRESS 6 BAYOU WOODS COURT
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME STARLING, GAYLE
STREET ADDRESS 225 D ALCONSE AVE S.E.
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME ANDERSON, LEE A
STREET ADDRESS 66 HILLCREST DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete
NAME RIEPER, DONNA M
STREET ADDRESS 444 CAPTAINS CIR
CITY-ST-ZIP DESTIN FL 32541-5304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000048604
CITY-ST-ZIP 02/12/04-80087-009 61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 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: *Lee A Anderson*
LEE A ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb 04 (850) 651-8154
Date Daytime Phone #