

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 005 ****61.25

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01102005 Chg-NP CR2E037 (10/03)

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 -		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 DAY, William R. Street Address (P.O. Box Number is Not Acceptable) 115 STAR DR City FORT WALTON BEACH FL Zip Code 32548		
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: <u>William R. Day</u> <u>President</u> <u>18 JAN 05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MOORE, DONNA S	4276 CALINDA LANE, APT. 153	NICEVILLE, FL 32578		
	D	ARNOLD, GERALDINE F	6 BAYOU WOODS COURT		
	D	STARLING, GAYLE	225 D ALCONSE AVE S.E.		
	T	ANDERSON, LEE A	66 HILLCREST DRIVE		
	VP	RIEPE, DONNA M	444 CAPTAINS CIR		
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: <u>Lee A Anderson</u> <u>LEE A ANDERSON</u> <u>18 JAN 05</u> (850) 651-8154 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR T. Treasurer Date Daytime Phone					