


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 018 \*\*\*\*61.25

<b>DOCUMENT # N93000004105</b>	
1. Entity Name	
F.W.B. DUPLICATE BRIDGE CLUB, INC.	

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3268034	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent
DAY, WILLIAM R 115 STAR DR. FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
D MOORE, DONNA S 4276 CALINDA LANE, APT. 153 NICEVILLE FL 32578		D Marr, Gayle 225 D ALCONESSE AVE S.E. FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ARNOLD, GERALDINE F 6 BAYOU WOODS COURT FORT WALTON BEACH FL 32548			
D STARLING, GAYLE 225 D ALCONESSE AVE S.E. FORT WALTON BEACH FL 32548			
T ANDERSON, LEE A 66 HILLCREST DRIVE SHALIMAR FL 32579			
VP KARLSON, BRUCE 1957 SEAHAWK LANE NAVARRE FL 32566			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 23 MAR 07 (850) 651-8154