


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90009 007 ****61.25

DOCUMENT # N93000004105 1. Entity Name F.W.B. DUPLICATE BRIDGE CLUB, INC.					
Principal Place of Business 100 BUCK DR NE FORT WALTON BEACH, FL 32549 US			Mailing Address 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	Zip	Country		
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 <u>KARLSON, BRUCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1957 SEA HAWK LANE</u> City <u>NAVARRE</u> FL Zip Code <u>32566</u>		
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>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable</small>		<u>B KARLSON</u> <small>(NOTE: Registered Agent signature required when renewing)</small>		<u>10 MAR 08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MOORE, DONNA S 4276 CALINDA LANE, APT. 153 NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, WILLIAM R 115 STAR DR FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, GERALDINE F 6 BAYOU WOODS COURT FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARR, GAYLE 225 D ALCONSE AVE S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, LEE A 66 HILLCREST DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARLSON, BRUCE 1957 SEAHAWK LANE NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRITH E JOHNSON (OR) 413 AVALON BLVD DESTIN FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Lee A Anderson</u> LEE A ANDERSON <u>10 MAR 08</u> <u>(850) 651-8154</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					