2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N93000004105

Entity Name: F.W.B. DUPLICATE BRIDGE CLUB, INC.

Current Principal Place of Business:

100 BUCK DR NE
FORT WALTON BEACH, FL US

New Principal Place of Business:

100 BUCK DR NE
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

PO BOX 4025
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3268034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARLSON, BRUCE
1957 SEA HAWK LANE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAY, WILLIAM
Address: 115 STER DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete
Name: ARNOLD, GERALDINE F
Address: 6 BAYOU WOODS COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: MARR, GAYLE
Address: 225 D ALCONESE AVE S.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T ( ) Delete
Name: ANDERSON, LEE A
Address: 66 HILLCREST DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete
Name: JOHNSON, KRITH E DR
Address: 413 AVALON BLVD
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POOR, ELIZABETH R
Address: 107 FULMER CIR NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE A ANDERSON T 03/15/2009
Electronic Signature of Signing Officer or Director — Date