

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90061 003 ****61.25

24002098



DOCUMENT # N98000001651 1. Entity Name BRITISH AMERICAN CLUB OF SW FLORIDA, INC.					
Principal Place of Business 4115 SE 10TH CT CAPE CORAL, FL 33904			Mailing Address 4115 SE 10TH CT CAPE CORAL, FL 33904		
2. Principal Place of Business 15693 ANDERSON LN Suite, Apt. #, etc. 1 City & State Fort MYERS FL Zip 33912 Country USA		3. Mailing Address 15693 ANDERSON LN Suite, Apt. #, etc. Fort MYERS City & State FL Zip 33912 Country USA			
4. FEI Number 65-0504826				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ADAMS, VOLA 4115 SE 10TH CT CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name VALERIE A. HALL Street Address (P.O. Box Number is Not Acceptable) 15693 ANDERSON LANE City Fort MYERS FL Zip Code 33912		
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 1-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD BRANDT, KIONA 13050 TAMiami TRAIL #1 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	BRANDT FIONA 18050 TAMiami TRAIL #115 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, VOLA 4115 SE 10TH CT CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	LINDA MERCHANT 18050 S TAMiami TR. #161 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, DANNY 123 S.E. 45TH STREET CAPE CORAL, FL 33904	<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	TD HALL, VALERIE 15693 ANDERSON LN FORT MYERS, FL 33912	<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		<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		<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 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:			1-14-04 239-410-8685 <small>Date Daytime Phone #</small>		