

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90084 045 ****61.25

DOCUMENT # N98000001651

1. Entity Name

BRITISH AMERICAN CLUB OF SW FLORIDA, INC.



Principal Place of Business

**15693 ANDERSON LN
FORT MYERS FL 33912**

Mailing Address

**15693 ANDERSON LN
FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0504826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

HALL, VALERIE

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

[Signature]

VALERIE A. HALL

2-15-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRANDT, KIONA	
STREET ADDRESS	18050 TAMiami TRAIL, #115	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERCHANT, LINDA	
STREET ADDRESS	18050 S TAMiami TRAIL, #161	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DANNY	
STREET ADDRESS	123 S.E. 45TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, VALERIE	
STREET ADDRESS	15693 ANDERSON LN	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NICK GOWER - PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2853 SW 25TH PLACE	
STREET ADDRESS	CAPE CORAL, FL 33914	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE-BENNETT	
STREET ADDRESS	404 NW 32ND PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

VALERIE A. HALL 2/15/05 239-275-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #