

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004105

Entity Name: F.W.B. DUPLICATE BRIDGE CLUB, INC.**Current Principal Place of Business:**100 BUCK DR NE
FORT WALTON BEACH, FL 32547**Current Mailing Address:**PO BOX 4025
FORT WALTON BEACH, FL 32549 US**FEI Number:** 59-3268034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, KEITH EDR
413 AVALON BLVD.
DESTIN, FL 32550 US*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**Officer/Director Detail :**

Title	D
Name	JONES, JAMES B
Address	2512 VALLEY ROAD
City-State-Zip:	NAVARRE FL 32308

Title	PRES
Name	JOHNSON, KEITH EDR
Address	413 AVALON BLVD
City-State-Zip:	DESTIN FL 32550

Title	D
Name	NEWMAN, AUDREE DMS
Address	335 RUCKEL DRIVE
City-State-Zip:	NICEVILLE FL 32578

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

Title	T
Name	ANDERSON, LEE A
Address	66 HILLCREST DRIVE
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	COUCH, KAREN
Address	PO BOX 4025
City-State-Zip:	FORT WALTON BEACH FL 32549

I hereby 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 all other like empowered.

SIGNATURE: KEITH E JOHNSON**PRESIDENT****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date