FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

Principal Place of Business

704484

(5)

BLOOMINGDALE CIVIC CLUB INC.

Mailing Address

FILED Mar 28 1997 8:00am Secretary of State

2221 BLOOMINGDALE AVE VALRICO FL 33594-6213		2221 BLOOMINGDALE AVE VALRICO FL 33594-6213							
						3. Date Incorporated or Qualified 09/04/1962	3a. Date of Last 05/01/19		
	lace of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE	 	Applied For	
Suite, Apt.	# atc	Suite, Apt. #, etc.					60 7E	lot Applicable Additional	
22		27				5. Certificate of Status Desired		Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees			
Ζφ 24	Country 25	Zip 29	30 Co.	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
DOWNIE, MARLENE				82	Street	Address (P.O. Box Number is Not Acceptable))		
2221 BLOOMINGDALE AVENUE VALRICO FL 33594-6213				83					
, , , , , , ,	. ,			84	City		FL 85 Zip	Code	
11 Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statu	tes the a	bove	named	corporation submits this statement for the pur-	nose of changing	its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
	THE MINISTER WITH, WHICH BECORDE THE BOUNDS		onda oid	iolos.				ĺ	
SIGNATURE	Signature typed or printed name of registered agen	and title if applicable. (NO	TE Registere	d Agen	t signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO		
TITLE	D	☐ DELETE	1.1 Ti	ITLE			Change	Addition	
NAME	Carter, Matthew	·		1.2 NAME				1	
STREET ADDRESS	2204 BLOOMINGDALE AVE		1.3 \$	1.3 STREET ADDRESS					
CITY - ST - ZIP	VALRICO FL 33594			1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	TE 2.1 TITE				Change	Addition	
NAME	TROVILLION, ALLAN		2.2 N	2.2 NAME					
STREET ADDRESS	2509 MASON OAKS DR.		2.3 \$	2.3 STREET ADDRESS				[
CITY-ST-ZIP	VALRICO FL 33594			2. 4 CiTY-ST-ZIP		•			
TITLE	_			TLE			Change	L. Addition	
NAME	SLOWEY, CHARLES		32 N				A		
STREET ADDRESS	3015 LITTLE RD.		1		ADDRESS	•	10 F	ļ	
CITY - ST - ZIP	VALRICO FL 33594	DELETE		OTY-SI	r-zip	4	☐ Change	Addition	
TITLE NAME	std Downie, Marlene	Th ortru	4.1 Ti				L orange		
STREET ADDRESS	221 BLOOMINGDALE AVE		8		LDODECC			\	
	VALRICO FL 33594				ADDRESS				
CITY-ST-ZIP TITLE	D VALRICO PL 33394	☐ DELETE	5.1 TI	ITY-ST	- 2112		Change	Addition	
NAME	FLETCHER, MICHAEL			AME			o.~yo		
STREET ADDRESS	607 PRINCETON ST.				ADDRESS :				
CITY-ST-ZIP	BRANDON FL 33511			ITY-ST	1				
TITLE	D	DELETE	6.1 Ta		4"		☐ Change	Addition	
NAME	BARFIELD, JAMES	_ ·	6.2 N						
STREET ADDRESS	2203 DURANT RD.				ADORESS ,	•			
CITY-ST-ZIP	VALRICO FL 33594			ITY-ST		,			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES A. Slowe