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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707497

1. Corporation Name

GROVE CITY CIVIC ASSOCIATION, INC.

Principal Place of Business

2481 SANDY LANE
GROVE CITY FL 34224
US

Mailing Address

P.O BOX 5201
GROVE CITY STATION
GROVE CITY FL 34224
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/29/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2130884	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

FORD, ALAN
2481 SANDY LANE
GROVE CITY FL 34224

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FORD, ALAN	
STREET ADDRESS	2481 SANDY LANE	
CITY-ST-ZIP	GROVE CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERGHOEF, GERARD	
STREET ADDRESS	2080 OYSTER CREEK DRIVE	
CITY-ST-ZIP	GROVE CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHINSKE, AUDREY	
STREET ADDRESS	2820 12TH STREET	
CITY-ST-ZIP	GROVE CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUTKNECT, ANNETTE	
STREET ADDRESS	2129 MISSISSIPPI	
CITY-ST-ZIP	GROVE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOLKER, JOE	
STREET ADDRESS	1949 MISSISSIPPI	
CITY-ST-ZIP	GROVE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPOWART, NOEL	
STREET ADDRESS	3230 HOLLY	
CITY-ST-ZIP	GROVE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)