FILE NOW: FILING FEE IS \$61.25

STAR RT.2, BOX 383B

CRESCENT CITY, FL 00000

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 30 1997 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT** # 713675 (7) RIVER PARK CIVIC CENTER, INC. Principal Place of Business Mailing Address 140 VIRGINIA ST. STAR RT2 BX 207AA ST RT BOX 207AA CRESCENT CITY FL 32112-9729 CRESCENT CITY FL 32112 3. Date Incorporated or Qualified US 11/20/1967 02/16/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business RIVER PK CRUSCIATI Applied For 59-1707512 140 VA, ST. BRE I=RUITLAHD 26 HCZ BOX 207AA C,TY FL 32117 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, USA U51 Yes No Elorida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIKE, C. DONALD 82 Street Address (P.O. Box Number is Not Acceptable) 107 FLORIDA LANE 83 RIVER PARK FRUITLAND FL 32112 84 City 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. DOHALD D , \ltimes =Signature, typed or pricted name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) TITA F DELFTE 1.1 TITLE Change Addition DIKE, C. DONALD NAME 1.2 NAME STAR RT 2 BOX 207AA 1.3 STREET ADDRESS STREET ADDRESS CRESCENT CITY, FL 00000 1.4 CITY-S1-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE GILBERT, SHIRLEY NAME 22 NAME STAR RT 2 BOX 351 2.3 STREET ADDRESS STREET ADDRESS CRESCENT CITY FL CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE ROUNTER ROBERT Change TITLE 3.1 TITLE MARTIN, PATSY STAR RT 2 BOX 2074 NAME 3.2 NAME STAR RT 2 BOX 135 STREET ADDRESS 3.3 STREET ADDRESS CRESCIENT CITY IFL 32112 CRESCENT CITY FL 3 4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE HAMMOND, JOSEPHINE NAME 4. 2 NAME STAR RT 2, BOX 203C STREET ADDRESS 4.3 STREET ADDRESS CRESCENT CITY, FL 00000 4.4 City - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE KREMER, VIRGINA NAME 5.2 NAME STAR RT 2, BOX 138AA STREET ADDRESS 5.3 STREET ADDRESS CRESCENT CITY, FL 00000 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 THLE GODDARD, TIL NAME 6.2 NAME

6.3 STREET ADDRESS

1/2/GA GANILIZATE

6.4 CITY-S1-ZIP 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 offect as if made under eath; 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