

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90030 007 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713675

1. Corporation Name

RIVER PARK CIVIC CENTER, INC.

100449-90030-7



Principal Place of Business

140 VA ST  
RIVER PARK FL 32112  
US

Mailing Address

HC2 BOX 207AA-319A  
CRESCENT CITY FL 32112  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/20/1967

4. FEI Number

59-1707512

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DIKE, C. DONALD  
197 FLORIDA LANE  
RIVER PARK  
FRUITLAND FL 32112

10. Name and Address of New Registered Agent

81 Name TRACEY, Bill  
82 Street Address (P.O. Box Number is Not Acceptable)  
110 LUDWIG  
83 RIVER PARK WEST  
84 City FRUITLAND FL 85 Zip Code 32112

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

Bill Tracey 1-12-99

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 checked="" type="checkbox"/> DELETE
NAME	DIKE, C. DONALD	
STREET ADDRESS	STAR RT 2 BOX 207AA	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILBERT, SHIRLEY	
STREET ADDRESS	STAR RT 2 BOX 351	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, ROBERT	
STREET ADDRESS	STAR RT 2 BOX 207 A	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMMOND, JOSEPHINE	
STREET ADDRESS	STAR RT 2, BOX 203C	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREMER, VIRGINA	
STREET ADDRESS	STAR RT 2, BOX 138AA	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODDARD, TIL	
STREET ADDRESS	STAR RT 2, BOX 383B	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TRACEY, Bill
1.3 STREET ADDRESS	110 LUDWIG
1.4 CITY-ST-ZIP	FRUITLAND, FL 32112
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 REQUIRED

Bill Tracey

1-12-99

(904) 467-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)