SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714070 (0)

1. Corporation Name
THE CRITERION CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1574 EUSTIS FL 32727 US	P.O. BOX 1574 EUSTIS FL 32727 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1968
3a. Date of Last Report: 10/07/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANNING, GWENDOLYN
715 LIBERTY STREET
EUSTIS FL 32726

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALLETT, VIRGINIA		1.2 NAME		
STREET ADDRESS	300 DOANE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROLLE, MAMIE		2.2 NAME		
STREET ADDRESS	716 LIBERTY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MANNING, GWENDOLYN		3.2 NAME		
STREET ADDRESS	715 LIBERTY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAJOR, BRENDA		4.2 NAME		
STREET ADDRESS	1142 VILLAGE FOREST PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROOMFIELD, ELSIE		5.2 NAME		
STREET ADDRESS	131 W. ATWATER AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, JEWELL		6.2 NAME		
STREET ADDRESS	1001 TITCOMB ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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: Jewell Wilson 9/3/97 (352) 357-2739