2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 714070

1. Entity Name
THE CRITERION CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1181 EUSTIS, FL 32727 US	P.O. BOX 1181 EUSTIS, FL 32727 US

01092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3192355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, CARLA
810 LIBERTY ST.
EUSTIS, FL 32726

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, CARLA
STREET ADDRESS	810 LIBERTY ST.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D
NAME	CONEY, BETTYE
STREET ADDRESS	33605 CR 468
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	ST
NAME	SIMPSON, SANDRA
STREET ADDRESS	300 W. DOANE AVE.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	TD
NAME	BENN, ELOIS
STREET ADDRESS	55 ABRAMS ROAD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	ST
NAME	JACQUELINE, LUCAS
STREET ADDRESS	215 LAUREL OAK DR.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	PD
NAME	BOYD, EVA
STREET ADDRESS	1131 MAGNOLIA AVE.
CITY-ST-ZIP	EUSTIS, FL 32726

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01/17/06-80009-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carla Mitchell - Carla Mitchell 1/9/06 (352) 589-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #