

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734779 (2)
1. Corporation Name
CIVITAN CLUB OF AUBURNDALE, INC.



Principal Place of Business: **212 HERNANDO DR S.E. WINTER HAVEN FL 33884-8026**
Mailing Address: **212 HERNANDO DR S.E. WINTER HAVEN FL 33884-8026**

3. Date Incorporated or Qualified: **12/31/1975**
3a. Date of Last Report: **01/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6158812	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOZIER, ED
212 HERNANDO DR. S.E.
WINTER PARK FL 33884

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	State
B6	Zip Code

FL

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: **ED DOZIER** *Ed Dozier* **2-17-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERALL, JOHNNY		1.2 NAME	ALBRIGO, GENE	
STREET ADDRESS	313 ARIANA AVE		1.3 STREET ADDRESS	7 LAKE WINTERSSET DR.	
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGO, GENE		2.2 NAME	KELLEY, GUYLENE	
STREET ADDRESS	7 LAKE WINTERSSET DR.		2.3 STREET ADDRESS	449 GULFSTREAM DR. N.	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZIER, ED		3.2 NAME		
STREET ADDRESS	212 HERNANDO DR SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, HERB		4.2 NAME		
STREET ADDRESS	449 GULFSTREAM DR N		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTELMAN, ERNIE		5.2 NAME		
STREET ADDRESS	511 ARNESON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, TOM		6.2 NAME		
STREET ADDRESS	380 VAIL DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ed Dozier* **ED DOZIER, TREASURER** **2-17-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)