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May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-6158812 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  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: DOZIER, ED, 212 HERNANDO DR. S.E. WINTER HAVEN FL 33884 HAVEN

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ALBRIGO, GENE	1.1 TITLE	
NAME	7 LAKE WINTERSET DR	1.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P KEELEY, GUYLENE	2.1 TITLE	D KEELEY, GUYLENE
NAME	449 GULFSTREAM DR N	2.2 NAME	449 GULFSTREAM DR. N
STREET ADDRESS	WINTER HAVEN FL	2.3 STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	33881
TITLE	T DOZIER, ED	3.1 TITLE	
NAME	212 HERNANDO DR SE	3.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S KELLEY, HERB	4.1 TITLE	P KELLEY, HERB
NAME	449 GULFSTREAM DR N	4.2 NAME	449 GULFSTREAM DR. N
STREET ADDRESS	WINTER HAVEN FL	4.3 STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	33881
TITLE	D BOSTELMAN, ERNIE	5.1 TITLE	
NAME	511 ARNESON AVE	5.2 NAME	
STREET ADDRESS	AUBURNDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MORGAN, TOM	6.1 TITLE	
NAME	360 VAIL DR.	6.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_

CR2E037 (1097)