


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 011 ****61.25

DOCUMENT # N00000000867					
1. Entity Name RIO CIVIC CLUB, INC.					
Principal Place of Business 1255 N.E. DIXIE HWY RIO, JENSEN BEACH, FL 34957		Mailing Address P O BOX 1001 JENSEN BEACH, FL 34958		50029440	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-1052162	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
PREAST, JULIE 538 N.E. ALICE STREET RIO, JENSEN BEACH, FL 34957		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DAVID		NAME		
STREET ADDRESS	1150 NE DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	RIO JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, LOUISE		NAME		
STREET ADDRESS	1712 NE SEAHORSE PLACE		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLAHOS, BARBARA		NAME		
STREET ADDRESS	1117 N.E. KUBIN AVE.		STREET ADDRESS		
CITY-ST-ZIP	RIO, JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGERT, NELLIE		NAME		
STREET ADDRESS	550 NE ALICE STREET		STREET ADDRESS		
CITY-ST-ZIP	RIO JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOY, VIRGINIA		NAME	FISHER, SHERY	
STREET ADDRESS	1925 NE RIVER COURT		STREET ADDRESS	787 NE DIXIE HIGHWAY	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUNER, ESTHER		NAME		
STREET ADDRESS	1862 NE MAUREEN CT		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
12. 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 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 817, 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: <u>Julie Preast</u>		Date: <u>3-7-05</u>		Daytime Phone #: <u>772-692-1163</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					