


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90030 013 ****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 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 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 \$81.25 Due by May 1, 2008 | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WEISS, NANCY | | NAME | | |
| STREET ADDRESS | 1692 NE SEAHORSE PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | 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 checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VLAHOS, BARBARA | | NAME | DS | |
| STREET ADDRESS | 1117 N.E. KUBIN AVE. | | STREET ADDRESS | JULIE PREAST | |
| CITY-ST-ZIP | RIO, JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | 538 NE ALICE ST. | |
| | | | | JENSEN BEACH, FL 34957 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TAYLOR, BARBARA | | NAME | | |
| STREET ADDRESS | 40 NE ALICE ST RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FISHER, SHERRY | | NAME | | |
| STREET ADDRESS | 787 NE DIXIE HIGHWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NEUNER, ESTHER | | NAME | | |
| STREET ADDRESS | 1662 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 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: <i>Julie Preast</i> JULIE PREAST | | Date: 4-7-08 | | Daytime Phone #: (772) 692-1163 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |