


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90022 034 ****61.25

DOCUMENT # N04000008026					
1. Entity Name CIVITAN CLUB OF SOUTH JACKSONVILLE, INC.					
Principal Place of Business 7932 CATAWBA DR JACKSONVILLE, FL 32217			Mailing Address P.O. BOX 10054 JACKSONVILLE, FL 32247		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1714993	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOUNTAIN, DAVID 7932 CATAWBA DR JACKSONVILLE, FL 32217				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANFORD, RON		NAME	Don Barnes	
STREET ADDRESS	4539 NATURE VIEW LN N		STREET ADDRESS	10754 SCOTT MILL RD #14	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPSON, JULIAN A		NAME	Gerald Camp	
STREET ADDRESS	2338 CHERYL DR		STREET ADDRESS	7224 Lorain St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELLS, ROBERT		NAME	Randall Duncan	
STREET ADDRESS	4052 MIZNER COURT		STREET ADDRESS	1256 Windsor Pl.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Philip J. Nordstrom	
STREET ADDRESS			STREET ADDRESS	1120 Westwood Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Philip J. Nordstrom</u> <i>Philip J. Nordstrom</i> Date: <u>March 21, 2006</u> 904 287-2308					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					