

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90029 036 ****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 - No P.O. Box #

3. Mailing Address
 P.O. Box 56982

Suite, Apt. #, etc.

City & State
 Jacksonville FL

City & State
 Jacksonville FL

Zip
 32241

6. Name and Address of Current Registered Agent
 FOUNTAIN, DAVID
 7932 CATAWBA DR
 JACKSONVILLE, FL 32217

40010489

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-1714993

Applied For
 Not Applicab

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, BARBARA	
STREET ADDRESS	4301 SPOON HOLLOW LN.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMP, GERALD	
STREET ADDRESS	7224 LORAIN ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOPSON, JULIAN	
STREET ADDRESS	2238 CHERYL DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, RONALD	
STREET ADDRESS	12220 LASHBROOK CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NORDSTROM, PHILIP J.	
STREET ADDRESS	1120 WESTWOOD DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Ronald Stanford	
STREET ADDRESS	4539 Nature View Lane N.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Jim Carithers	
STREET ADDRESS	3644 Riverhall Dr.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Peggy Forrest	
STREET ADDRESS	9745 Touchton Road #2404	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Philip J. Nordstrom	
STREET ADDRESS	1355 Castle Pines Circle	
CITY-ST-ZIP	St Augustine, FL 32092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
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: *Philip J. Nordstrom* January 22 2008 904 940-6957