

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008026

FILED
Jan 23, 2016
Secretary of State
CC9630090954

Entity Name: CIVITAN CLUB OF SOUTH JACKSONVILLE, INC.

Current Principal Place of Business:

1355 CASTLE PINES CIRCLE
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

1355 CASTLE PINES CIRCLE
SAINT AUGUSTINE, FL 32092 US

FEI Number: 20-1714993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORDSTROM, PHILIP J
1355 CASTLE PINES CIRCLE
SAINT AUGUSTINE, FL 32092 US

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.

SIGNATURE: PHILIP J. NORDSTROM

01/23/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARROLL, BARBARA
Address 4301 SPOON HOLLOW LN
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name CARITHERS, JIM
Address 3644 RIVERHALL DR.
City-State-Zip: JACKSONVILLE FL 32217

Title TREASURER
Name HOPSON, JULIAN
Address 2238 CHERYL DR.
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name EVERILL, BILL
Address 1346 JAMAICA CT.
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name NORDSTROM, PHILIP J
Address 1355 CASTLE PINES CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32092

Title DIRECTOR
Name STANFORD, RON
Address 4539 NATURE VIEW LANE N.
City-State-Zip: JACKSONVILLE FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP J. NORDSTROM

SECRETARY

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date