

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702631** (3)
1. Corporation Name
ORANGE CITY TERRACE CIVIC ASSOCIATION, INC.



Principal Place of Business SOUTH WILLIAMS AVE. P. O. BOX 740935 ORANGE CITY FL 32774-7835	Mailing Address SOUTH WILLIAMS AVE. P. O. BOX 740935 ORANGE CITY FL 32774-0935
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1961	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6224600		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent IMMEL, HARRY 835 WILLIAMS AVENUE ORANGE CITY FL 32763		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	IMMEL, HARRY	1.2 NAME	
STREET ADDRESS	835 WILLIAMS AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	GASKILL, L. M.	2.2 NAME	GASKILL, L. M.
STREET ADDRESS	327 LAWTON AVE.	2.3 STREET ADDRESS	101 GRAND PLAZA DR.
CITY - ST - ZIP	ORANGE CITY, FL 00000	2.4 CITY - ST - ZIP	ORANGE CITY, FL 00000
TITLE	TD	3.1 TITLE	
NAME	HANSON, HERBERT H	3.2 NAME	
STREET ADDRESS	1155 W. BLUE SPRINGS AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D
NAME	UNGER, TILLIE	4.2 NAME	FORCUM, BEA
STREET ADDRESS	425 CHESTNUT AVE.	4.3 STREET ADDRESS	526 CHARLES AVE.
CITY - ST - ZIP	ORANGE CITY, FL 00000	4.4 CITY - ST - ZIP	ORANGE CITY, FL.
TITLE	SD	5.1 TITLE	
NAME	POWELL, PATRICIA	5.2 NAME	
STREET ADDRESS	1205 W. BLUE SPRINGS AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY, FL 00000	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	CROOKE, MARY R	6.2 NAME	
STREET ADDRESS	101 GRAND PLAZA DR., APT. D	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CITY, FL 00000	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry Immel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97
Date

Daytime Phone: 0014777

CR2E037 (9/96)