

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90015 013 ****61.25

0014870

DOCUMENT # 702631

1. Corporation Name

ORANGE CITY TERRACE CIVIC ASSOCIATION, INC.

Principal Place of Business

510 S WILLIAMS
P. O. BOX 740935
ORANGE CITY FL 32763
US

Mailing Address

S WILLIAMS AVE
P O BOX 740935
ORANGE CITY FL 32763
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/30/1961

4. FEI Number

59-6224600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

GASKILL, L. M.

82 Street Address (P.O. Box Number is Not Acceptable)

101 GRAND PLAZA DR - APT. 1-1

83

84 City

ORANGE CITY, FL

FL

85 Zip Code

32763

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

L. M. Gaskill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME FORCUM, BEAC
STREET ADDRESS 526 CHARLES AVE
CITY-ST-ZIP ORANGE CITY FL ☐ DELETE

TITLE TD
NAME BOWEN, SUSAN
STREET ADDRESS 540 CYPRESS AVE
CITY-ST-ZIP ORANGE CITY FL 32763 ☒ DELETE

TITLE DS
NAME POWELL, PATRICIA
STREET ADDRESS 1205 W BLUE SPRINGS AVE
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ DELETE

TITLE D
NAME HANSON, HERBERT
STREET ADDRESS 1155 W BLUE SPRINGS AVE
CITY-ST-ZIP ORANGE CITY FL ☒ DELETE

TITLE D
NAME POWER, MARGARET
STREET ADDRESS 415 PALIN AVE
CITY-ST-ZIP ORANGE CITY, FL 00000 32763 ☐ DELETE

TITLE D
NAME CROOKE, MARY R
STREET ADDRESS 101 GRAND PLAZA DR., APT. D
CITY-ST-ZIP ORANGE CITY, FL 00000 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *L. M. Gaskill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. M. GASKILL

2/19/99

904-775-1999

Date

Daytime Phone #

CR2E037 (11/98)