


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90059 003 ****61.25

DOCUMENT # 703266 1. Entity Name THONOTOSASSA, SEFFNER, MANGO CIVIC ASSOCIATION INCORPORATED					
Principal Place of Business 11706 WILLIAMS ROAD THONOTOSASSA FL 33592			Mailing Address PO BOX 1070 THONOTOSASSA FL 33592		
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 59-3618786 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRANT, PAULINE L 9609 JOE EBERT ROAD. SEFFNER FL 33584			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, PAULINE		NAME		
STREET ADDRESS	9609 JOE EBERT ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, ANNIE E		NAME	Honeywell, Arnett	
STREET ADDRESS	11416 PRUITT ROAD		STREET ADDRESS	11722 N. Tom Folsom Rd.	
CITY-ST-ZIP	SEFFNER FL 33584		CITY-ST-ZIP	Thonotosassa, FL 33592	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, CHARLOTTE I		NAME	Hart, Barbara A.	
STREET ADDRESS	3802 HIGHVIEW ROAD		STREET ADDRESS	P.O. Box-234	
CITY-ST-ZIP	SEFFNER FL 33584		CITY-ST-ZIP	Thonotosassa, FL 33592	
TITLE	RCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, ETHEL		NAME		
STREET ADDRESS	9812 ROCKHILL RD		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE, CARL		NAME		
STREET ADDRESS	6619 STARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		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 exemption stated in Section 119.07(3)(i), 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: <i>Pauline L. Grant</i> Pauline L. Grant			2/8/05 813-986-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		