

FLORIDA DEPARTMENT OF STATE

UNIFORM BUSINESS REPORT (UBR)

Secretary of State
DIVISION OF CORPORATIONSAMENDED UNIFORM BUSINESS REPORT
F.S. 607.1622(7)
Filing Fee: 61.25

05 JUN 28 PM 4:12

RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705700

1. Corporation Name

AMERICAN CIVIL DEFENSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

6/3/1963

3a. Date of Last Report

01/18/2005

2. Principal Place of Business

2a. Mailing Address 11576 South

21 11576 South State Street

26 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 502

27 STE 502

City & State

City & State

23 Draper UT

28 Draper, UT

Zip

County

Zip

County

24 84020

25 SALT LAKE

29 84020

30 Salt Lake

4. FEI Number

59-1981319

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under
s. 199.032, Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATHY EILAND
118 COURT ST
STARKE, FL 32091

81 Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33410

11. Pursuant to the provisions of Sections 607.1508, 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 607.0505, Florida Statutes.

Karla Sarria

SIGNATURE

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

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

VP Corporate Creations

6/27/2005

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director/ President ☐ DELETE
NAME SHARON PACKER
STREET ADDRESS 11576 South State Street STE 502
CITY-ST-ZIP Draper UT 840201.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE Director ☐ DELETE
NAME KATHY EILAND
STREET ADDRESS 11576 South State Street STE 502
CITY-ST-ZIP Draper UT 840202.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE Director/ Vice President ☐ DELETE
NAME BRONIOUS CIKOTAS
STREET ADDRESS 11576 South State Street STE 502
CITY-ST-ZIP Draper UT 840203.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☒ DELETE
NAME Regina Frampton
STREET ADDRESS 7118 SW CR 225
CITY-ST-ZIP 7118 SW CR 2254.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME Starke, FL 32091
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

as attorney in fact
for Sharon Packer

6/27/2005