

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 23 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 705767 (2)**

1. Corporation Name  
**ST. JAMES CITY CIVIC ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>06/17/1963</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-6148494</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
2420 LEMON ST PO BOX 605 ST JAMES CITY FL 33956		2420 LEMON ST PO BOX 605 ST JAMES CITY FL 33956	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
KULCZAK, BEVERLY 3070 HARPOON LANE ST JAMES CITY FL 33956		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	
		FL	B5	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 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.

SIGNATURE: *Beverly L. Kulczak* BEVERLY L. KULCZAK Treasurer 1-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, WILLIAM	12 NAME	ADAMS, WILLIAM
STREET ADDRESS	2160 BANANA ST.	13 STREET ADDRESS	2160 BANANA ST.
CITY- ST- ZIP	ST JAMES CITY FL 33956	14 CITY- ST- ZIP	ST JAMES CITY, FL 33956
TITLE	D	21 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES J	22 NAME	SMITH, CHARLES J.
STREET ADDRESS	1001 GALT ISLAND AVE.	23 STREET ADDRESS	4001 GALT ISLAND AVE
CITY- ST- ZIP	ST JAMES CITY FL 33956	24 CITY- ST- ZIP	ST JAMES CITY, FL 33956
TITLE	TD	31 TITLE	
NAME	KULCZAK, BEVERLY	32 NAME	
STREET ADDRESS	3070 HARPOON LANE	33 STREET ADDRESS	
CITY- ST- ZIP	ST JAMES CITY FL 33956	34 CITY- ST- ZIP	
TITLE	PD	41 TITLE	
NAME	RICH, CHARLES	42 NAME	
STREET ADDRESS	2354 RAY BREEZE	43 STREET ADDRESS	
CITY- ST- ZIP	ST JAMES CITY FL 33956	44 CITY- ST- ZIP	
TITLE	SD	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, BONNIE J	52 NAME	LYNCH, BONNIE J.
STREET ADDRESS	2325 CARAMBOLA LANE	53 STREET ADDRESS	2325 CARAMBOLA LN.
CITY- ST- ZIP	ST JAMES CITY, FL 00000	54 CITY- ST- ZIP	ST JAMES CITY, FL 33956
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly L. Kulczak* Treasurer 1-14-95 813-283-7367  
BEVERLY L. KULCZAK