

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705767 (2)

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



Principal Place of Business: 2420 LEMON ST, PO BOX 805, ST JAMES CITY FL 33956
Mailing Address: 2420 LEMON ST, PO BOX 605, ST JAMES CITY FL 33956

3. Date Incorporated or Qualified: 06/17/1963
3a. Date of Last Report: 01/23/1995

| | | | | | | | |
|---|--|-------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-6148494 | | <input checked="" type="checkbox"/> Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | | 25. Country | | 29. Zip | | 30. Country | |
| 24 | | 25 | | 29 | | 30 | |
| 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

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 | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | 2160 BANANA ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST JAMES CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, CHARLES J | 2.2 NAME | |
| STREET ADDRESS | 4001 GALT ISLAND AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST JAMES CITY FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KULCZAK, BEVERLY | 3.2 NAME | |
| STREET ADDRESS | 3070 HARPOON LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST JAMES CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICH, CHARLES | 4.2 NAME | |
| STREET ADDRESS | 2354 RAY BREEZE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST JAMES CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNCH, BONNIE J | 5.2 NAME | |
| STREET ADDRESS | 2325 CARAMBOLA LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST JAMES CITY, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | RUSSELL S MEGAL |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 3614 PAPAYA ST. |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ST JAMES CITY, FL 33956 |

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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-23-96
Daytime Phone #: 283-7367

CR2E037 (12/95)