

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 705767 (2)
1. Corporation Name
ST. JAMES CITY CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
2420 LEMON ST PO BOX 905 ST JAMES CITY FL 33956
2420 LEMON ST PO BOX 605 ST JAMES CITY FL 33956-0605

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1963		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.		26	4. FEI Number 59-6148494		Applied For Not Applicable	
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KULCZAK, BEVERLY 3070 HARPOON LANE ST JAMES CITY FL 33956				10. Name and Address of New Registered Agent				
				81	Name Doctor, William R.			
				82	Street Address (P.O. Box Number is Not Acceptable) 3558 Pinetree Dr. NW			
				83				
				84	City	St. James City	FL 85	33956

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 Wm. R. Doctor Treas. *Wm. R. Doctor* DATE 1/10/97

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pd <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES J	1.2 NAME	Leslie Burkhardt
STREET ADDRESS	4001 GALT ISLAND AVE.	1.3 STREET ADDRESS	2437 Cherimoya Ln
CITY-ST-ZIP	ST JAMES CITY FL	1.4 CITY-ST-ZIP	St. James City, FL 33956
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULCZAK, BEVERLY	2.2 NAME	Dennis Ward
STREET ADDRESS	3070 HARPOON LANE	2.3 STREET ADDRESS	2272 York Rd
CITY-ST-ZIP	ST JAMES CITY FL	2.4 CITY-ST-ZIP	St. James City, FL 33956
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, CHARLES	3.2 NAME	George Nelson
STREET ADDRESS	2354 RAY BREEZE	3.3 STREET ADDRESS	2308 Carambola Ln
CITY-ST-ZIP	ST JAMES CITY FL	3.4 CITY-ST-ZIP	St. James City, FL 33956
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, BONNIE J	4.2 NAME	Wm. R. Doctor
STREET ADDRESS	2325 CARAMBOLA LANE	4.3 STREET ADDRESS	3558 Pinetree Dr. NW
CITY-ST-ZIP	ST JAMES CITY, FL 00000	4.4 CITY-ST-ZIP	St. James City, FL 33956
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL SMEGAL	5.2 NAME	
STREET ADDRESS	3614 PAPAYA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wm. R. Doctor *Wm. R. Doctor* DATE 1/10/97 941-280-1530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0087851

CR2E037 (9/96)