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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 013 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 705767

1. Corporation Name

ST. JAMES CITY CIVIC ASSOCIATION, INC.

Principal Place of Business

2420 LEMON ST
 PO BOX 605
 ST JAMES CITY FL 33956

Mailing Address

2420 LEMON ST
 PO BOX 605
 ST JAMES CITY FL 33956



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/17/1963

4. FEI Number

59-6148494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BURKHARDT, LESLIE
 2437 CHERIMOYA LANE
 ST. JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name **FRANCIS RAFFERTY**
 82 Street Address (P.O. Box Number is Not Acceptable)
4224 LAKE HEATHER CIR.
 83
 84 City **ST. JAMES CITY FL** 85 Zip Code **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: *Francis W. Rafferty Pres.*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/11/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LESLIE BURKHARDT	
STREET ADDRESS	2437 CHERIMOYA LN	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENNIS WARD	
STREET ADDRESS	2272 YORK RD.	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICH, CHARLES	
STREET ADDRESS	2354 BAYBREEZE CT.	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, DAVID	
STREET ADDRESS	2391 BANANA ST.	
CITY-ST-ZIP	ST-JAMES CITY, FL-00000 33956	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD FRANCIS RAFFERTY
1.3 STREET ADDRESS	4424 LAKE HEATHER CIR.
1.4 CITY-ST-ZIP	ST JAMES CITY FL 33956
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD ROBERT FURROW
2.3 STREET ADDRESS	3043 BRACCI DR
2.4 CITY-ST-ZIP	ST. JAMES CITY FL 33956
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D TONY GEORGE
3.3 STREET ADDRESS	2869 BUTTWOOD KEY CT.
3.4 CITY-ST-ZIP	ST JAMES CITY FL 33956
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Francis W. Rafferty Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99 (941) 283-5053
 Date Daytime Phone #

CR2E037 (11/98)