


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90006 040 \*\*\*\*61.25

<b>DOCUMENT # 705767</b>					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6148494</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FURROW, ROBERT 3043 BRACCI DR ST. JAMES CITY, FL 33956			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GEORGE, TONY	NAME	ANN Brabbs		
STREET ADDRESS	4465 HEATHER CIR	STREET ADDRESS	2308 Date St		
CITY-ST-ZIP	TAMPA, FL 33608 <i>St James City FL 33956</i>	CITY-ST-ZIP	St James City, FL 33956		
TITLE	<del>PD</del> <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DENNIS WARD	NAME	John Nyhuss		
STREET ADDRESS	2272 YORK RD.	STREET ADDRESS	2260 Banana St		
CITY-ST-ZIP	ST JAMES CITY, FL	CITY-ST-ZIP	St James City, FL 33956		
TITLE	<del>VD</del> <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KNOLL, DONALD	NAME	Mike Jendrusiak		
STREET ADDRESS	3916 PLUMOSA DR	STREET ADDRESS	St James City, FL 33956		
CITY-ST-ZIP	ST JAMES CITY, FL 33956	CITY-ST-ZIP			
TITLE	<del>FD</del> <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FURROW, ROBERT	NAME	Lois Vosejka		
STREET ADDRESS	3043 BRACCI DR	STREET ADDRESS	3027 Bracci Dr.		
CITY-ST-ZIP	ST JAMES CITY, FL 33956	CITY-ST-ZIP	St James City, FL 33956		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCALZO, ALICE	NAME	Tom Dekkon		
STREET ADDRESS	3628 TROPICAL POINT DR	STREET ADDRESS	Pine Tree		
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	CITY-ST-ZIP	St James City, FL 33956		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARTER, WILLIAM	NAME	Carl Reichenwallner		
STREET ADDRESS	BRACH 1 DR	STREET ADDRESS	2452 cherimoya Ln		
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	CITY-ST-ZIP	St James City, FL 33956		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alice Scalzo</i> - Alice Scalzo			Date: 1/16/2004		Daytime Phone #: (239) 293-3861
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					