

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705767

FILED
Jan 05, 2005
Secretary of State

Entity Name: ST. JAMES CITY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2420 LEMON ST
PO BOX 605
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

2420 LEMON ST
PO BOX 605
ST JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 59-6148494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURROW, ROBERT
3043 BRACCI DR
ST. JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

WARD, DENNIS
2272 YORK ROAD
ST. JAMES CITY, FL 33956 US

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.

SIGNATURE: DENNIS WARD 01/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEORGE, TONY
Address: 4465 HEATHER CIR
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: PD () Delete
Name: DENNIS WARD,
Address: 2272 YORK RD.
City-St-Zip: ST JAMES CITY, FL

Title: D () Delete
Name: BRABBS, ANN
Address: 2308 DATE ST
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: TD () Delete
Name: FURROW, ROBERT
Address: 3043 BRACCI DR
City-St-Zip: ST JAMES CITY, FL 33956

Title: SD () Delete
Name: SCALZO, ALICE
Address: 3628 TROPICAL POINT DR
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D () Delete
Name: CARTER, WILLIAM
Address: BRACH 1 DR
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: BARBARA, MCGLOIN
Address: 2968 BRACCI DRIVE
City-St-Zip: SAINT JAMES CITY, FL 33956

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS WARD TR 01/05/2005

Electronic Signature of Signing Officer or Director Date