

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705767

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

3300 FOURTH AVE
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

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:

HARMS, MARYANN
2953 BRACCI DR
ST JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SHARON, ASTLE PRESIDE
Address: 2960 BUTTONWOOD KEY
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: TREA
Name: DENNIS WARD
Address: 2272 YORK RD.
City-St-Zip: ST JAMES CITY, FL 33956

Title: DIR
Name: BRABBS, BILL
Address: 2420 CHERIMOYA LN
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: SEC
Name: BICKFORD, CINDY
Address: 2191 OLEANDER AVE.
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: DIR
Name: NYHUS, JOHN
Address: 2260 BANNA ST
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP
Name: HARMS, MARY ANN MRS
Address: 2953 BRACCI DR.
City-St-Zip: SAINT JAMES CITY, FL 33956

I hereby 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 all other like empowered.

SIGNATURE: DENNIS J. WARD

TREA

02/16/2011

Electronic Signature of Signing Officer or Director

Date