2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # 706125 1. Entity Name GRIFFIN CIVIC ASSOCIATION, INC.						94-03-2006 9	90374 036 ****	61.25
2901 S.W. 52 STREET 29			Mailing Address 2901 S.W. 52 STREET FORT LAUDERDALE, FL 33312			60	UZ4Z39	
2. Principal P	Place of Business	3. Mailing Address						
·							#1241 41911 BIBET BIBIT ETBIL	RINIIIAI MI CONI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212006 _{CI}	hg-NP	CR2E037 (11/05)	
City & State		City & State			4. FEI Number 59-250143	 35	├	Applied For Not Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of St	tatus Desired	\$8.75 A	dditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MCCORMICK, ROXANN				Name BENKE, TERESA				
3811 SW 4	17TH COURT ERDALE, FL 33312				Address (P.O. Box Number is Not Acceptable) 5201 SW 31st AV, #101			-· · · · · · · · · · · · · · · · · · ·
FI. DAODI	# 53312				AT SW 3186		101	
* · · · · · · · · · · · · · · · · · · ·				City		<u>-</u>	FL Zip Ci	ode 312
8. The above named entity submits this statement for the purpose of changing its registered office or r					UDERDALE tered agent, or both, in	the State of Flo	rida. I am familiar wil	th, and accept
the obligations of registered agent.								
(1)								
SIGNATURE.								
	Signature, typed or printed name of registered agent s	and title if applicable. (NO	TE: Registere	d Agent signeture requir	ired when reinstating)		DATE	
	Signature, typed or printed name of registered agent of Filling Fee Is \$81.25 Due by May 1, 2006	9. Election Ca Trust Fund	ımpaign F	inancing	\$5.00 May Be Added to Fees		DATE ake check payable ida Department of	
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Ca Trust Fund	mpaign F Contributi	inancing ion.	\$5.00 May Be	Flori	ake check payable ida Department of RS AND DIRECTORS	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

FORT LAUDERDALE, FL 33312

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 954 989 4087