

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708262**

(1)

1. Corporation Name

CIVITAN FOUNDATION, INC.



Principal Place of Business

Mailing Address

% JAMES A. IRWIN
1925 WOOD LEIGH DR. W.
JACKSONVILLE FL 32211

% JAMES A. IRWIN
1925 WOOD LEIGH DR. W.
JACKSONVILLE FL 32211

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/17/1964

3a. Date of Last Report

05/01/1995

4. FEI Number

59-6161988

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRWIN, JAMES A
1925 WOOD LEIGH DR W
JACKSONVILLE FL 32211**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **PARKER, WALLACE**
STREET ADDRESS **3750 GURLEY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **HOWARD CARLAN**
1.3 STREET ADDRESS **5811 ATLANTIC BLVD # 201**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **P** ☒ DELETE
NAME **WILLIAMS, JOHN**
STREET ADDRESS **3073 AMELIA DR**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **WALTER BRINKMAN**
2.3 STREET ADDRESS **2321 COSTA VERDE BLVD #201**
2.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **T** ☐ DELETE
NAME **IRWIN, JAMES A.**
STREET ADDRESS **1925 WOODLEIGH DR., W.**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DAY, DEKLE**
STREET ADDRESS **1503 OAK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **ROBERT L. GETTINGS JR**
4.3 STREET ADDRESS **4933 LONGBOW RD**
4.4 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☒ DELETE
NAME **REVELS, GEORGE F.**
STREET ADDRESS **6019 BROOKRIDGE RD**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **ROBERT M. BARRINGTON**
5.3 STREET ADDRESS **2734 LARRY DR**
5.4 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☒ DELETE
NAME **HICKS, DAVID**
STREET ADDRESS **4364 GALILEO AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **GIDON B. GIDONIS**
6.3 STREET ADDRESS **RT 1 BOX 384**
6.4 CITY-ST-ZIP **BRUCEVILLE FL 32009**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JAMES A. IRWIN 4-13-96 (204) 7246574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)