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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32211-49543. Date Incorporated or Qualified
12/17/19643a. Date of Last Report
04/18/1996

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

4. FEI Number
59-6161988Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 P ☒ DELETE
NAME CAPLAN, HOWARD
STREET ADDRESS 5811 ATLANTIC BLVD #201
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE
1.2 NAME ROBERT L. GETTINGS JR
1.3 STREET ADDRESS 4933 LONG BOW RD
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE D ☐ DELETE
NAME BRINKMAN, WALTER
STREET ADDRESS 2327 COSTA VERO BLVD #201
CITY-ST-ZIP JACKSONVILLE BEACH FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME IRWIN, JAMES A.
STREET ADDRESS 1925 WOODLEIGH DR., W.
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME GETTINASER, ROBERT L.
STREET ADDRESS 933 LONGBON RD
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE
4.2 NAME GEORGE F. CARSWELL, JR
4.3 STREET ADDRESS 1870 VAN WERT AVE
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32204TITLE D ☒ DELETE
NAME BARRINGTON, ROBERT M.
STREET ADDRESS 2234 LARRY DR
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE
5.2 NAME GEORGE L. HUDSPETH
5.3 STREET ADDRESS 10777 CROSS WICKS RD
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32256TITLE D ☒ DELETE
NAME GIDDENS, B.
STREET ADDRESS RT 1 BOX 384
CITY-ST-ZIP BRYEVILLE FL6.1 TITLE
6.2 NAME DONALD O. REEVES
6.3 STREET ADDRESS 1037 BROOKMONT AVE
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006488

CR2E037 (9/96)