


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90003 006 ****61.25

DOCUMENT # 708262		
1. Entity Name CIVITAN FOUNDATION, INC.		
Principal Place of Business 7741 DEERWOOD PT PL JACKSONVILLE, FL 32256 US 32201	Mailing Address PO BOX 93 JACKSONVILLE, FL 32201 US	

03012004



03012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6161988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRY PIERCE FORSYTH 227 W FORSYTHE ST JACKSONVILLE, FL 32202 <i>Pierce, Harry A, Jr</i> <i>Forsyth</i>	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEALY, MILDRED W 7741 DEERWOOD PT PL JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERCE, HARRY A JR 227 W FORSYTHE ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATKINS, CLARA L 2085 MILLS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTINGS, ROBERT L 4933 LONGBOW RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I 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 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.

SIGNATURE: <i>Mildred W. Shealy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/2/04 404-998-8901 Date Daytime Phone #
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