

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90232 028 ****61.25

DOCUMENT # 708262

1. Entity Name

CIVITAN FOUNDATION, INC.



Principal Place of Business

PO BOX 93
JACKSONVILLE FL 32201
US

Mailing Address

PO BOX 93
JACKSONVILLE FL 32201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6161988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, HARRY A JR
227 W FORSYTH ST
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Wallace O. Parker

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

3750 Gurley Rd.

City Jacksonville

FL

Zip Code 32211

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

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

Wallace O. Parker,
Director and President-Elect

4/15/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SHEALY, MILDRED W
STREET ADDRESS 7741 DEERWOOD PT PL
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE P ☒ Delete
NAME PIERCE, HARRY A JR
STREET ADDRESS 227 W FORSYTHE ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE SD ☒ Delete
NAME WATKINS, CLARA L
STREET ADDRESS 2085 MILLS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Delete
NAME GITTINGS, ROBERT L
STREET ADDRESS 4933 LONGBOW RD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Wallace O. Parker
STREET ADDRESS 3750 Gurley Rd.
CITY-ST-ZIP Jacksonville, FL 32211

TITLE D ☐ Change ☒ Addition
NAME Claudia Beach
STREET ADDRESS 3371 Whippoorwill Ct.
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE D ☐ Change ☒ Addition
NAME Eugene Kovarik
STREET ADDRESS 1046 Deerwood Club Dr.
CITY-ST-ZIP Jacksonville FL 32256

TITLE D ☐ Change ☒ Addition
NAME Hugh Mattox
STREET ADDRESS 4281 McGirts Blvd.
CITY-ST-ZIP Jacksonville, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowers.

SIGNATURE:

Wallace O. Parker
Wallace O. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 (904) 744-1074
Date Daytime Phone #