2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708262

FILED Jun 22, 2006 Secretary of State

Entity Name: CIVITAN FOUNDATION, INC.

Current P		
	rincipal Place of Business:	New Principal Place of Business:
PO BOX 9 JACKSON	3 IVILLE, FL 32201 US	
Current M	lailing Address:	New Mailing Address:
PO BOX 9 JACKSON	3 IVILLE, FL 32201 US	
n accordan	: 59-6161988 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () ot receive the prior notice. Name and Address of New Registered Agent:
vaille allu	Address of Current Registered Agent.	Name and Address of New Registered Agent.
3750 GUR	WALLACE O LAY RD IVILLE, FL 32211 US	
	e named entity submits this statement for the perfection of the perfection in the perfection is a second of the perfection of the perfecti	purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
lame: \ddress:	D () Delete PARKER, WALLACE O 3750 GURLEY RD JACKSONVILLE, FL 32211	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address: Dity-St-Zip: Fitle: Name: Address:	PARKER, WALLACE O 3750 GURLEY RD	Title: () Change () Addition Name: Address:
Fitle: Vame: Address: Dity-St-Zip: Fitle: Vame: Address: Dity-St-Zip: Fitle: Vame: Address: Dity-St-Zip: Address: Dity-St-Zip:	PARKER, WALLACE O 3750 GURLEY RD JACKSONVILLE, FL 32211 D () Delete BEACH, CLAUDIA 3371 WHIPPORTWILL CT	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	PARKER, WALLACE O 3750 GURLEY RD JACKSONVILLE, FL 32211 D () Delete BEACH, CLAUDIA 3371 WHIPPORTWILL CT JACKSONVILLE BEACH, FL 32250 D () Delete KOVARIK, EUGENE 10116 DEERWOOD CLUB DR	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH MATTOX D 06/22/2006