

2007 NOT-FOR-PROFIT CORPORATIC ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90078 027 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

PARKER, WALLACE O
3750 GURLEY RD
JACKSONVILLE FL 32211

Delete

Name *Claudia O Beach*

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

3371 Whippoorwill Court

Jacksonville Beach

City

FL

Zip Code

32250

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

Claudia O Beach

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input checked="" type="checkbox"/> Delete
NAME	PARKER, WALLACE O	
STREET ADDRESS	3750 GURLEY RD	
CITY - ST - ZIP	JACKSONVILLE FL 32211	

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	BEACH, CLAUDIA	
STREET ADDRESS	3371 WHIPPOORWILL CT	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	

TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	KOVARIK, EUGENE	
STREET ADDRESS	10116 DEERWOOD CLUB DR	
CITY - ST - ZIP	JACKSONVILLE FL 32256	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GITTINGS, ROBERT L	
STREET ADDRESS	4933 LONGBOW RD	
CITY - ST - ZIP	JACKSONVILLE FL 32210	

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTOX, HUGH	
STREET ADDRESS	4251 MCGIRTS BLVD	
CITY - ST - ZIP	JACKSONVILLE FL 32210	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Mildred W. Shealy</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Treasurer</i>	
STREET ADDRESS	<i>7741 Deerwood Point PL.</i>	
CITY - ST - ZIP	<i>Jax, FL 32256</i>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/249-9772