


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90026 022 \*\*\*\*61.25

<b>DOCUMENT # 708262</b> 1. Entity Name <b>CIVITAN FOUNDATION, INC.</b>					
Principal Place of Business <b>PO BOX 93 JACKSONVILLE FL 32201 US</b>		Mailing Address <b>PO BOX 93 JACKSONVILLE FL 32201 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6161988</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEACH, CLAUDIA 3371 WHIPPOORWILL CT. JACKSONVILLE BEACH FL 32250</b>		7. Name and Address of New Registered Agent Name <b>George Revels</b> Street Address (P.O. Box Number is Not Acceptable) <b>6019 Brookridge</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32210</b>			
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 <b>George Revels</b> <i>George Revels</i> <span style="float: right;">2/29/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHEALY, MILDRED W</b> <b>7741 DEERWOOD POINT PL.</b> <b>JACKSONVILLE FL 32-2156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>George Revels</b> <b>6019 Brookridge</b> <b>Jacksonville, FL 32210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEACH, CLAUDIA</b> <b>3371 WHIPPOORTWILL CT</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Gary Row</b> <b>12701 Cunningham Creek Dr</b> <b>Jax, FL 32259</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOVARIK, EUGENE</b> <b>10116 DEERWOOD CLUB DR</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATTOX, HUGH</b> <b>4251 MCGIRTS BLVD</b> <b>JACKSONVILLE FL 32210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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** *Mildred W. Shealy* *Mildred W. Shealy* *2-27-08* *904/998-8901*