2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# 708262

Entity Name: CIVITAN FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 93
JACKSONVILLE, FL 32201 US

New Principal Place of Business:

7741 DEERWOOD POINT PLACE
JACKSONVILLE, FL 32256 US

Current Mailing Address:

PO BOX 93
JACKSONVILLE, FL 32201 US

New Mailing Address:

FEI Number: 59-6161988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAVELS, GEORGE
6019 BROOKRIDGE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

REVELS, GEORGE
6019 BROOKRIDGE
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: MILDRED W.SHEALY 07/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SHEALY, MILDRED W
Address: 7741 DEERWOOD POINT PL.
City-St-Zip: JACKSONVILLE, FL 322156

Title: VP ( ) Delete
Name: ROW, GARY
Address: 1270 CUNNIGHAM CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: P ( ) Delete
Name: REVELS, GEORGE
Address: 6019 BROOKRIDGE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MILDRED W.SHEALY TREA 07/02/2009
Electronic Signature of Signing Officer or Director Date