

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90207 001 ****61.25

DOCUMENT # 708262

1. Entity Name

CIVITAN FOUNDATION, INC.



Principal Place of Business

**4343 IRVINGTON AVE
JACKSONVILLE FL 32210
US**

Mailing Address

**PO BOX 93
JACKSONVILLE FL 32201
US**

2. Principal Place of Business

7741 Deerwood Pt. FL

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number **59-6161988**

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32201

Country

USA

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARRY, PIERCE JR
227 W FORSYTHE ST
JACKSONVILLE FL 32202

Pierce Forsyth (Correction)

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **BRINKMAN, WALTER**
STREET ADDRESS **2327 COSTA VERO BLVD #201**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

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 ☐ Change ☒ Addition
NAME **Mildred W. SHEALY**
STREET ADDRESS **7741 Deerwood Pt. FL**
CITY-ST-ZIP **Jacksonville, FL 32256**

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

TITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE:

Mildred W. Shealy

1/27/03

CR2E037 (10/02)