FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711572 (8)

1. Corporation Name

ODESSA CIVIC CLUB, INC.

Principal Place of Business

MICHIGAN AVE. & MINNEOLA DRIVE
P.O. BOX 143
ODESSA FL 33556

Mailing Address

MICHIGAN AVE. & MINNEOLA DRIVE
P.O. BOX 143
ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1966

3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-6175939 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, CHARLES C
13924 FRIENDSHIP LN
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DORIS H	1 2 NAME	
STREET ADDRESS	14246 WADSWORTH DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	BRADFORD, ELEANOR	2 2 NAME	
STREET ADDRESS	14924 OGDEN LOOP	2 3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	2 4 CITY - ST - ZIP	
TITLE	TD	3 1 TITLE	☐ Change ☐ Addition
NAME	PETER, LOUISE A	3 2 NAME	
STREET ADDRESS	14139 CHISHOLM LN	3 3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	MOORE, CHARLES, C	4 2 NAME	
STREET ADDRESS	13924 FRIENDSHIP LANE	4 3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	4 4 CITY - ST - ZIP	
TITLE	PD	5 1 TITLE	☐ Change ☐ Addition
NAME	DOZIER, JOYCE	5 2 NAME	
STREET ADDRESS	1118 ALTAMONT LANE	5 3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	DENNISON, MAE	6 2 NAME	
STREET ADDRESS	15212 SR-54	6 3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-31-95 (813) 920-3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000317A