FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 711572 **(8)**

1. Corporation Name

ODESSA CIVIC CLUB, INC.

900001860753
-06/13/96--01013--001
***70.00

Principal Place of Business: ~~1623 MICHIGAN AVE. & MINNEOLA DRIVE~~ 1623 CHESAPEAKE DR. ~~MICHIGAN AVE. & MINNEOLA DRIVE~~
~~P.O. BOX 143~~
ODESSA FL 33556

Mailing Address: ~~MICHIGAN AVE. & MINNEOLA DRIVE~~
P.O. BOX 143
ODESSA FL 33556

3. Date Incorporated or Qualified: 10/05/1966	3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-6175939	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	21 CHESAPEAKE & MINNEOLA DR.	2a. Mailing Address	26 P.O. BOX 143
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23 ODESSA FL	City & State	28 ODESSA FL
Zip / Country	24 33556 / 25	Zip / Country	29 33556 / 30

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: CARL E. JASINSKI
82 Street Address (P.O. Box Number is Not Acceptable): 14423 SASSANDRA DRIVE
83: P.O. BOX 288
84 City: ODESSA FL 85 Zip Code: 33556-0288

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Carl E Jasinski — April 26, 1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DORIS H 14246 WADSWORTH DR ODESSA FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TREASURER - TD CARL E JASINSKI 14423 SASSANDRA DRIVE ODESSA, FL 33556-0288	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRADFORD, ELEANOR 14924 OGDEN LOOP ODESSA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PETER, LOUISE A 14139 CHISHOLM LN ODESSA FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY - SD BERNIE FLOYD 1630 CHESAPEAKE DR ODESSA, FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, CHARLES, C 13924 FRIENDSHIP LANE ODESSA FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	BEATRICE DOYLE-D 14618 WATERLOO RD ODESSA, FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOZIER, JOYCE 1118 ALTAMONT LANE ODESSA FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	ELSIE SKINNER-D PO BOX 146 ODESSA, FL. 33556 (N/A)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNISON, MAE 15212 SR-54 ODESSA FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

5-1-96 AES

CR2E037 (12/95)

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: Carl E Jasinski TD — 4/26/96 — 813 920 5703 + FAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #