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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90086 001 \*\*\*\*70.00



NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711572**

1. Corporation Name

**ODESSA CIVIC CLUB, INC.**

Principal Place of Business  
**1627 CHESAPEAKE DRIVE  
ODESSA FL 33556**

Mailing Address  
**P.O. BOX 143  
ODESSA FL 33556**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified. <b>10/05/1966</b>	4. FEI Number <b>59-6175939</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**JASINSKI, CARL E  
14423 SASSANDRA DRIVE  
P.O. BOX 288  
ODESSA FL 33556-0288**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

**2/17/99**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JASINSKI, CARL E</b>	1.2 NAME	
STREET ADDRESS	<b>14423 SASSANDRA DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556-0288</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETER, LOUISE</b>	2.2 NAME	<b>ELENOR BRADFORD</b>
STREET ADDRESS	<b>14139 CHISHOLM LANE</b>	2.3 STREET ADDRESS	<b>14924 OGDEN LOOP</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	2.4 CITY-ST-ZIP	<b>ODESSA, FL 33556</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, BEA</b>	3.2 NAME	
STREET ADDRESS	<b>1496 WATERLOO DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, CHARLES, C</b>	4.2 NAME	
STREET ADDRESS	<b>13924 FRIENDSHIP LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOZIER, JOYCE</b>	5.2 NAME	
STREET ADDRESS	<b>1118 ALTAMONT LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUNDERBURK, JOANN</b>	6.2 NAME	<b>STEVE WILLIAMSON</b>
STREET ADDRESS	<b>14640 STATE ROAD 54</b>	6.3 STREET ADDRESS	<b>19412 MICHIGAN AVE</b>
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	6.4 CITY-ST-ZIP	<b>ODESSA, FL 33556</b>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/17/99 (813) 920 5703**