

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90002 020 \*\*\*\*61.25

**DOCUMENT # 711572.**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6175939

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, CHARLES  
13924 FRIENDSHIP LANE  
ODESSA FL 33556

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**  
**Due By May 1, 2004**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	JASINSKI, CARL E	
STREET ADDRESS	14423 SASSANDRA DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-0288	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, ELENOR	
STREET ADDRESS	14924 OGDEN LOOP	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES, C	
STREET ADDRESS	13924 FRIENDSHIP LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOZIER, JOYCE	
STREET ADDRESS	1118 ALTAMONT LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, STEVE	
STREET ADDRESS	1134 ALTAMAN LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JASINSKI, GLORIA	
STREET ADDRESS	14423 SASSANDRA DR	
CITY-ST-ZIP	ODESSA FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Charles C. Moore* Charles C. Moore

4/6/04

813-920-7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #