

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90944 015 \*\*\*\*61.25

**DOCUMENT # 711572**

1. Entity Name  
**ODESSA CIVIC CLUB, INC.**



Principal Place of Business      Mailing Address

**1627 CHESAPEAKE DRIVE**      **P.O. BOX 143**  
**ODESSA FL 33556**      **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



CHECK HERE IF MAKING CHANGES

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**

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

**7. Name and Address of New Registered Agent**

Name **Moore, Charles C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**13924 Friendship Lane**  
City **Odessa, FL** Zip Code **33556**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Moore, Charles C.</b>	
STREET ADDRESS	<b>13924 Friendship Lane</b>	
CITY-ST-ZIP	<b>Odessa, Florida 33556</b>	
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		
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*      **4-4-03**      **813-910-7313**

CR2E037 (10/02)