

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 024 ****61.25

0076392

DOCUMENT # 713595

1. Corporation Name

ORANGE SPRINGS CIVIC CLUB, INC.

125142 90029 024 2 *

Principal Place of Business

64 SPRING ST
PO BOX 115
ORANGE SPRINGS FL 32182

Mailing Address

P.O. BOX 115
64 SPRING STREET
ORANGE SPRINGS FL 32182
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/09/1967

4. FEI Number

23-7348188

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEBB, CHERYL
64 SPRING ST.
P.O. BOX 115
ORANGE SPRINGS FL 32182

81 Name

ANN MURRAY

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

64 SPRING STREET

83

P.O. BOX 115

84 City

ORANGE SPRINGS FL

85 Zip Code

32182

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 *Ann Murray*

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 DC
NAME HAMLIN, PATRICIA
STREET ADDRESS 64 SPRING STREET
CITY-ST-ZIP ORANGE SPRINGS FL 32182

☒ DELETE

TITLE ST
NAME SHANNON, MARY
STREET ADDRESS 64 SPRING STREET
CITY-ST-ZIP ORANGE SPRINGS FL

☐ DELETE

TITLE TT
NAME FRAME, MARGARET N.
STREET ADDRESS 64 SPRING ST
CITY-ST-ZIP ORANGE SPRINGS FL

☐ DELETE

TITLE PT
NAME HEBB, CHERYL
STREET ADDRESS 64 SPRING STREET
CITY-ST-ZIP ORANGE SPRINGS FL 32182

☐ DELETE

TITLE VT
NAME MURRAY, ANN
STREET ADDRESS 64 PRING STREET
CITY-ST-ZIP ORANGE SPRGS, FL 00000 32182

☐ DELETE

TITLE D
NAME FRAME, DAVID
STREET ADDRESS 64 SPRING ST
CITY-ST-ZIP ORANGE SPRINGS FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1.1 TITLE *1ST*
1.2 NAME *AUDRY SHANNON*
1.3 STREET ADDRESS *64 SPRING ST*
1.4 CITY-ST-ZIP *ORANGE SPRINGS FL 32182*

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DC

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

PRES.

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: *Ann Murray* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

Daytime Phone #

352 546-4137

CR2E037 (1/98)