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

4

FILED
May 19, 2004 8:00 am
Secretary of State
04-19-2004 90265 014 ****61.25

66422923

MOORE CR2E037 (11/03)

DOCUMENT # 713595

1. Entity Name

ORANGE SPRINGS CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
64 SPRING ST PO BOX 115 ORANGE SPRINGS FL 32182	P.O. BOX 115 64 SPRING STREET ORANGE SPRINGS FL 32182 US

2. Principal Place of Business	3. Mailing Address
Orange Springs Civic Club Inc	PO Box 115
Suite, Apt. #, etc.: 24545 NE 129th Terrace	Suite, Apt. #, etc.:
City & State: Orange Springs FL	City & State: Orange Springs FL
Zip: 32182 Country: Marion	Zip: 32182-0115 Country: Marion

4. FEI Number: 23-7348188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTON, PATT
64 SPRING ST.
P.O. BOX 115
ORANGE SPRINGS FL 32182

7. Name and Address of New Registered Agent

Name: Patton, Patt
Street Address (P.O. Box Number is Not Acceptable): 24545 NE 129th Terrace
PO Box 115
City: Orange Spgs FL Zip Code: 32182

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: Patt Patton President Os Civic Club

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHANNON, MARY 64 SPRING ST. ORANGE SPRINGS FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARCHER, ANN 64 SPRING ST. ORANGE SPRINGS FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT MURRAY, ANN 64 SPRING ST ORANGE SPRINGS FL 32182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT Claudia Schumacher PO Box [redacted] 115 Orange Springs FL 32182	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CADE, CHARLIE 64 SPRING ST. ORANGE SPRINGS FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRAME, DAVID 64 SPRING ST ORANGE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATTON, PATT 64 SPRING STREET ORANGE SPRINGS FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Patt Patton President May 7, 04 352-5465378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #