2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# 713595

Entity Name: ORANGE SPRINGS CIVIC CLUB, INC.

Current Principal Place of Business:

ORANGE SPRINGS CIVIC CLUB, INC.
24545 NE 129TH TERR.
ORANGE SPRINGS, FL 32182

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 115
ORANGE SPRINGS, FL 321820115 US

New Mailing Address:

FEI Number: 23-7348188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTON, PATT
24545 NE 129TH TERR.
P.O. BOX 115
ORANGE SPRINGS, FL 32182 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: SHANNON, MARY
Address: 24545 NE 129TH TERR.
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: VP ( ) Delete
Name: LANE, WES
Address: 24545 NE 129TH TERR.
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: TT ( ) Delete
Name: TEMPLETON, PATSY
Address: P.O. BOX 115
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: D ( ) Delete
Name: CADE, CHARLIE
Address: 24545 NE 129TH TERR.
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: D ( ) Delete
Name: FRAME, DAVID
Address: 24545 NE 129TH TERR.
City-St-Zip: ORANGE SPRINGS, FL

Title: P ( ) Delete
Name: PATTON, PATT
Address: 24545 NE 129TH TERR.
City-St-Zip: ORANGE SPRINGS, FL 32182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATT PATTON PRES 02/20/2006
Electronic Signature of Signing Officer or Director — Date