

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 011 ****69.98



DOCUMENT # 713874				1. Entity Name HOMOSASSA CIVIC CLUB, INC.	
Principal Place of Business 1097 W. CREEK LN HOMOSASSA, FL 34487 US			Mailing Address P.O. BOX 493 HOMOSASSA, FL 34487 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOTO, DIANE 6629 BASSETT DR. HOMOSASSA, FL 34448				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
<p>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.</p> <p>SIGNATURE <u><i>Diane Toto</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small></p>					
<p>Filing Fee is \$61.25 Due by May 1, 2007</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>		<p>\$5.00 May Be Added to Fees</p>	
<p>Make check payable to Florida Department of State</p>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATKINS, PRISCILLA		NAME		
STREET ADDRESS	11709 W FISHERMAN LANE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, KAREN		NAME		
STREET ADDRESS	POB 244		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34487		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKO, WILLIAM		NAME		
STREET ADDRESS	POB 646		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34487		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, JAKE		NAME		
STREET ADDRESS	5905 SOUTH SHADY TREE PATH		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, WILLIAM		NAME		
STREET ADDRESS	12396 WEST STANDISH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURR, ELAINE		NAME		
STREET ADDRESS	POB 426		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34487		CITY-ST-ZIP		
<p>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</p>					
<p>SIGNATURE: <u><i>Elaine Burr</i></u> ELAINE BURR, treas. 3/12/07 3526282410</p>		<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		<p><small>Date Daytime Phone #</small></p>	



03052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2355082 Applied For Not Applicable

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