

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90031 047 ****61.25

DOCUMENT # 716769

1. Entity Name
OKLAWAHA RIVER VALLEY CIVIC CLUB, INC.



Principal Place of Business
**23125 NE 160 AVE. RD.
FORT MCCOY, FL 32134**

Mailing Address
**23125 NE 160 AVE. RD.
FORT MCCOY, FL 32134**



2. Principal Place of Business

3. Mailing Address

01272005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2951312

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, WILLIAM A
7 E. SILVER SPRINGS BLVD.
SUITE 500
OCALA, FL 34470**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 | S | <input type="checkbox"/> Delete |
| NAME | SAWYER, ELIZABETH | |
| STREET ADDRESS | 15510 NE 236 LANE | |
| CITY-ST-ZIP | FT MCCOY, FL 32134 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STEWART, WALTER R | |
| STREET ADDRESS | 21351 NE 164TH PL | |
| CITY-ST-ZIP | FT MCCOY, FL 32134 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | HIGGINBOTHAM, JAMES M | |
| STREET ADDRESS | 16323 NE 137TH TERR | |
| CITY-ST-ZIP | FORT MC COY, FL 32134 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CHAPMAN, MARIE | |
| STREET ADDRESS | 24724 N.E. 175TH CT. | |
| CITY-ST-ZIP | FORT MC COY, FL 32134 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LAUCK, SHELBY | |
| STREET ADDRESS | 14500 NE 213 LN | |
| CITY-ST-ZIP | FT MCCOY, FL 32134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WAINWRIGHT, CLYDE | |
| STREET ADDRESS | 21654 N.E. 160TH AVE. RD. | |
| CITY-ST-ZIP | FORT MC COY, FL 32134 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, WALTER R. | |
| STREET ADDRESS | 21351 NE 164TH PL | |
| CITY-ST-ZIP | FT. MC COY, FL. 32134 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAUCK, SHELBY | |
| STREET ADDRESS | 14500 N.E. 213 LN. | |
| CITY-ST-ZIP | FT. MC COY, FL. 32134 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCARTHY, DOREE | |
| STREET ADDRESS | 15200 N.E. 235TH ST. | |
| CITY-ST-ZIP | FT. MC COY, FL. 32134 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, MARIE | |
| STREET ADDRESS | 24724 N.E. 175TH CT. | |
| CITY-ST-ZIP | FT. MC COY, FL. 32134 | |
| 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:

Shelby Lauck
Shelby Lauck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/05

Date

546-5400

Daytime Phone #