


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2006 8:00 am
Secretary of State

01-12-2006 90191 048 ****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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2951312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S SAWYER, ELIZABETH 15510 NE 236 LANE FT MCCOY, FL. 32134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, WALTER R 21351 NE 164TH PL FT MCCOY, FL. 32134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y PEAGLER, JIMMY 14566 N.E. 212TH LN. FT. MC COY, FL. 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, DOREE 15280 NORTHEAST 235TH STREET FORT MC COY, FL. 32134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CHAPMAN MARIE 24724 N.E. 176TH CT. FT. MC COY, FL. 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, MARIE 24724 N.E. 175TH CT. FORT MC COY, FL. 32134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SUSAN MORRIS 15285 N.E. 232ND LN. FT. MC COY, FL. 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUCK, SHELBY 14500 NE 213 LN FT MCCOY, FL. 32134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, CLYDE 21654 N.E. 160TH AVE. RD. FORT MCCOY, FL. 32134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART WALTER R. 21351 N.E. 164TH PL. FT. MC COY, FL. 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Shelby Lauck</i>		<i>Shelby Lauck, President February 19, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

352-546-5400

ATTACHMENT



66002219

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

OKLAWAHA RIVER VALLEY CIVIC CLUB, INC.
23125 NE 160 AVE. RD.
FORT MCCOY, FL 32134

Subject: OKLAWAHA RIVER VALLEY CIVIC CLUB, INC.

Reference Number: 716769

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION