

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 006 ****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**

DO NOT WRITE IN THIS SPACE



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2951312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GRIFFIN, MIKE
14531 NE 100 LANE
FT MCCOY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SOSA, MITCHELL D
18781 NE 243RD PLACE RD
FORT MC COY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SOSA, MARISOL
18781 NE 243RD PLACE RD
FORT MC COY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SOLERO, TINA
14985 NE 200 AVENUE
FORT MC COY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FOY, SHANNON
14895 NE 208 PLACE
FT MCCOY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LAUCK, SHELBY
14500 NE 213 LANE
FORT MC COY, FL 32134**

**DO NOT WRITE
IN THIS SPACE**

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:

Marisa Solero Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08
Date

352-546-5347
Daytime Phone #