


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90003 014 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720405**

1. Corporation Name

**FORT MEADE CIVIC CLUB, INCORPORATED**

Principal Place of Business

227 WEST BROADWAY  
P O BOX 214  
FORT MEADE FL 33841-0214

Mailing Address

227 WEST BROADWAY  
P O BOX 214  
FORT MEADE FL 33841-0214



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/03/1971

4. FEI Number

59-6153303

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

STHRESHLEY, LAWRENCE F  
3055 DOC LINDSEY ROAD  
FORT MEADE FL 33841

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDEN, DAN	1.2 NAME	
STREET ADDRESS	2876 CHATSWORTH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRING, FRITZ	2.2 NAME	
STREET ADDRESS	19 N.E. 3RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	2.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	3.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STHRESHLEY, LAWRENCE F	3.2 NAME	Sthreshley, Lawrence F.
STREET ADDRESS	3055 DOC LINDSEY ROAD	3.3 STREET ADDRESS	3055 Doc Lindsey Road
CITY-ST-ZIP	FT. MEADE FL 33841	3.4 CITY-ST-ZIP	Ft. Meade, FL 33841
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDEN, DAN	4.2 NAME	
STREET ADDRESS	2876 CHATSWORTH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, DON	5.2 NAME	
STREET ADDRESS	2555 GABRIEL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEADE FL 33841	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, MARIE	6.2 NAME	
STREET ADDRESS	300 SOUTH WASHINGTON AVENUE, LOT 76	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address, with all other like empowered.

**SIGNATURE: Lawrence F. Sthreshley, FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-99

Date

(941) 285-7141

Daytime Phone #

CR2E037 (11/98)