2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720405

FILED Mar 17, 2005 Secretary of State

Entity Name: FORT MEADE CIVIC CLUB, INCORPORATED

Current F	rincipal Place	of Business:	New Princip	pal Place of Business:
O BOX		0214		
	ADE, FL 33841		NI RA	. Address
urrent iv	urrent Mailing Address:		New Mailing Address:	
O BOX	T BROADWAY 214 ADE, FL 33841	0214		
El Number	: 59-6153303	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired (X)
ame and	d Address of C	ırrent Registered Agent:	Name and A	Address of New Registered Agent:
11 N.E. 1 ORT ME	HLEY, III, LAWRI ST. STREET ADE, FL 33841 e named entity s	US	purpose of changing its	registered office or registered agent, or both,
	e of Florida.		pp	
ONIATII	-			
IGNATU	RE:			
IGNATU		s Signature of Registered Ag	ent	Date
IGNATU FFICER				Date 6/CHANGES TO OFFICERS AND DIRECTOR
	Electroni S AND DIRECT	ORS: Delete I, LAWRENCE F TREET		
FFICER ttle: ame: ddress: ty-St-Zip: ttle: ame: ddress:	Electroni S AND DIRECT TD () STHRESHLEY, I 311 N.E. 1ST. S' FT. MEADE, FL	ORS: Delete II, LAWRENCE F TREET 33841 Delete N ROAD	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO
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FFICER tle: ame: ddress:	Electroni S AND DIRECT TD () STHRESHLEY, I 311 N.E. 1ST. S' FT. MEADE, FL D () LANGSTON, DO 2555 GABRIEL F FORT MEADE, F D () DOUGLASS, MA 300 SOUTH WAS FT. MEADE, FL	ORS: Delete II, LAWRENCE F TREET 33841 Delete N ROAD L 33841 Delete RIE SHINGTON AVENUE, LOT 76 Delete TREET	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE F. STHRESHLEY, III TD 03/17/2005