## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 720405** 

FILED Feb 07, 2007 Secretary of State

Entity Name: FORT MEADE CIVIC CLUB, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

227 WEST BROADWAY 227 WEST BROADWAY P O BOX 214 FORT MEADE, FL 338410214

FORT MEADE, FL 338410214

Current Mailing Address: New Mailing Address:

227 WEST BROADWAY P O BOX 214 FORT MEADE, FL 338410214

FEI Number: 59-6153303 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STHRESHLEY, III, LAWRENCE F
311 N.E. 1ST. STREET
FORT MEADE, FL 33841 US
PURVIS, AMY L TREASUR
8 N CHARLESTON AVE
FORT MEADE, FL 33841 US

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.

SIGNATURE: AMY L PURVIS 02/07/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TSD ( ) Delete Title: TSD (X) Change ( ) Addition

 Name:
 STHRESHLEY, III, LAWRENCE F
 Name:
 PURVIS, AMY L

 Address:
 311 N.E. 1ST. STREET
 Address:
 8 N CHARLESTON AVE

 City-St-Zip:
 FT. MEADE, FL 33841
 City-St-Zip:
 FT. MEADE, FL 33841

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 LANGSTON, DON
 Name:
 PARKER, JAMES M

 Address:
 2555 GABRIEL ROAD
 Address:
 8 W BROADWAY

 City-St-Zip:
 FORT MEADE, FL 33841
 City-St-Zip:
 FORT MEADE, FL 33841

 $\label{eq:title:pd} \mbox{Title:} \qquad \mbox{PD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 MCLEAN, MARC
 Name:
 WEST, MARSHA L

 Address:
 312 E. BROADWAY
 Address:
 121 W BROADWAY

 City-St-Zip:
 FORT MEADE, FL 33841
 City-St-Zip:
 FORT MEADE, FL 33841

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AMY L PURVIS TSD 02/07/2007