

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720454 (8)
1. Corporation Name

ST. GEORGE ISLAND CIVIC CLUB, INC.



Principal Place of Business: PINE STREET EAST, P.O. BOX 451, EASTPOINT FL 32328
Mailing Address: PINE STREET EAST, P.O. BOX 451, EASTPOINT FL 32328

3. Date Incorporated or Qualified: 03/09/1971
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BEAN, MARILYN, PINE STREET EAST, ST GEORGE ISLAND FL 32328
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: SHELBY, JOHN	1.1 TITLE: PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 308 MARKS ST	CITY-ST-ZIP: ST. GEORGE ISLAND FL	1.2 NAME: Shelby, John	
		1.3 STREET ADDRESS: 308 MARKS street	
		1.4 CITY-ST-ZIP: St. George Island, FL	
TITLE: SD	NAME: HARTLEY, SHIRLEY	2.1 TITLE: VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 1464 BAYBERRY LANE	CITY-ST-ZIP: ST. GEORGE ISLAND FL	2.2 NAME: BARBARA SANDERS	
		2.3 STREET ADDRESS: HCR BOX 18	
		2.4 CITY-ST-ZIP: St. George Island, FL	
TITLE: TD	NAME: SHELBY, KRISTEN	3.1 TITLE: SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 308 MARKS ST	CITY-ST-ZIP: ST. GEORGE ISD FL	3.2 NAME: Shelby, Kristen V.	
		3.3 STREET ADDRESS: 308 MARKS Street	
		3.4 CITY-ST-ZIP: St. George Island, FL	
TITLE: PD	NAME: VEST, PAM	4.1 TITLE: TD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 1499 E GULF BEACH DR	CITY-ST-ZIP: ST. GEORGE ISLAND FL	4.2 NAME: JANE DAVIS	
		4.3 STREET ADDRESS: 917 Gulf Beach DRWZ	
		4.4 CITY-ST-ZIP: St. George Island, FL	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE: Kristen V. Shelby KRISTEN V. Shelby 3-6-96 904-927-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)