

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 32328-0451**

3. Date Incorporated or Qualified: **03/09/1971**  
 3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number: **NOT APPLICABLE**  
 Applied For:  Not Applicable:

6. 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**

**10. Name and Address of New Registered Agent**

**BEAN, MARILYN  
 PINE STREET EAST  
 ST GEORGE ISLAND FL 32328**

81. Name: **BARBARA SANDERS**  
 82. Street Address (P.O. Box Number is Not Acceptable): **215 W 12 ST**  
 83.   
 84. City: **ST GEORGE ISLAND FL** 85. Zip Code: **32328**

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: *Barbara Sanders* DATE: **3-21-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELBY, JOHN</b>	1.2 NAME	<b>Barbara Sanders</b>
STREET ADDRESS	<b>308 MARKS ST</b>	1.3 STREET ADDRESS	<b>215 W 12 St</b>
CITY-ST-ZIP	<b>ST. GEORGE ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>St George Island FL 32328</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, BARBARA</b>	2.2 NAME	<b>FRANK LATHAM</b>
STREET ADDRESS	<b>HCR BOX 18</b>	2.3 STREET ADDRESS	<b>1081 E GORRIE DR</b>
CITY-ST-ZIP	<b>ST. GEORGE ISLAND FL</b>	2.4 CITY-ST-ZIP	<b>ST GEORGE ISLAND FL 32328</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELBY, KRISTEN</b>	3.2 NAME	<b>SUE LATHAM</b>
STREET ADDRESS	<b>308 MAKRS ST</b>	3.3 STREET ADDRESS	<b>1081 E GORRIE DR</b>
CITY-ST-ZIP	<b>ST. GEORGE ISD FL</b>	3.4 CITY-ST-ZIP	<b>ST GEORGE ISLAND FL 32328</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JANE</b>	4.2 NAME	<b>GERRI GUYON</b>
STREET ADDRESS	<b>917 GULF BEACH DR</b>	4.3 STREET ADDRESS	<b>1213 E GULF BEACH DR</b>
CITY-ST-ZIP	<b>ST. GEORGE ISLAND FL</b>	4.4 CITY-ST-ZIP	<b>ST GEORGE ISLAND FL 32328</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 an address.

CR2E037 (9/96)