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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/09/1971	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SANDERS, BARBARA
215 W 12 ST
ST GEORGE ISLAND FL 32328**

10. Name and Address of New Registered Agent

81 Name **FRANK LATHAM**
82 Street Address (P.O. Box Number is Not Acceptable) **1081 E GORRIE DR**
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 *Frank Latham* DATE **1/21/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LATHAM, FRANK	
STREET ADDRESS	1081 E GORRIE DR	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDERS, BARBARA	
STREET ADDRESS	215 W 12 ST	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LATHAM, SUE	
STREET ADDRESS	1081 E GORRIE DR	
CITY-ST-ZIP	ST. GEORGE ISD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUYON, GERRI	
STREET ADDRESS	1248 E GULF BEACH DR	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LATHAM, FRANK	
1.3 STREET ADDRESS	1081 E. GORRIE DRIVE	
1.4 CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEAN, MASON	
2.3 STREET ADDRESS	573 E. GORRIE DRIVE	
2.4 CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ISAACS, SHEILA	
3.3 STREET ADDRESS	501 W. PINE STREET	
3.4 CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, JANE	
4.3 STREET ADDRESS	917 W. GULF BEACH DRIVE	
4.4 CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an address.

SIGNATURE: *Jane Davis* DATE: **1/21/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)