


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90007 004 ****61.25

DOCUMENT # 720454

1. Entity Name
ST. GEORGE ISLAND CIVIC CLUB, INC.



Principal Place of Business
**PINE STREET EAST
P.O. BOX 451
EASTPOINT, FL 32328 US**

Mailing Address
**PINE STREET EAST
P.O. BOX 451
EASTPOINT, FL 32328 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01222004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**GARDNER, BOB
1009 E GULF BCH DR
ST-GEORGE ISLAND, FL 32328**

7. Name and Address of New Registered Agent
Name **RICHARD HARPER, JR.**
Street Address (P.O. Box Number is Not Acceptable)
709 EAST GULF BEACH DR.
City **ST. GEORGE ISLAND** FL Zip Code **32328**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard Harper, Jr. **RICHARD HARPER, JR. PRESIDENT** 2/5/04
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILER, GLEN	
STREET ADDRESS	2274 SAILFISH DRIVE	
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, RICHARD	
STREET ADDRESS	709 E. GULF BCH DR.	
CITY-ST-ZIP	ST. GEORGE ISL, FL 32328	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, JESSE	
STREET ADDRESS	932 W GULF BEACH DR	
CITY-ST-ZIP	SAINT GEORGE ISLAND, FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, BOB	
STREET ADDRESS	1009 E. GULF BEACH PLACE	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALL, CELESTE	
STREET ADDRESS	556 BAYSHORE DR.	
CITY-ST-ZIP	ST. GEORGE ISLE, FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HARPER, JR.	
STREET ADDRESS	709 EAST GULF BEACH DRIVE	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	V.P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELESTE WALL	
STREET ADDRESS	556 BAYSHORE DRIVE	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	S. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN BEAN	
STREET ADDRESS	573 EAST GORRIE DRIVE	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	T. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY LOU DOUGLAS	
STREET ADDRESS	609 WEST BAYSHORE DRIVE	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Harper, Jr. **RICHARD HARPER, JR.** 2/5/04 850.927-2480
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #