

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90015 012 ****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
 City & State

Zip
 Country
 Zip
 Country



03152006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALL, CELESTE
556 W BAYSHORE DR
ST GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent
 Name
HARRIS, STEPHEN
 Street Address (P.O. Box Number is Not Acceptable)
1940 NAUTILUS 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **3/16/06**

Filing Fee is \$61.25
Due by May 1, 2006

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALL, CELESTE			NAME	HARRIS, STEPHEN		
STREET ADDRESS	586 W BAYSHORE DR			STREET ADDRESS	1940 NAUTILUS DR.		
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328			CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, JIMMY			NAME	TALLEY, CAROL		
STREET ADDRESS	1172 W GULF BEACH DR			STREET ADDRESS	927 E. PINE AVE.		
CITY-ST-ZIP	ST. GEORGE ISL, FL 32328			CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, PHYLLIS			NAME			
STREET ADDRESS	1172 W GULF BEACH DR			STREET ADDRESS			
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTES, MAGGI			NAME			
STREET ADDRESS	664 E PINE AVE			STREET ADDRESS			
CITY-ST-ZIP	ST GEORGE POINT, FL 32328			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Maggi Estes* **MAGGI ESTES** TREASURER DATE: **3/16/06** 850-927-5015