


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90007 026 \*\*\*\*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**

40013102



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

02092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**HARRIS, STEPHEN**  
**1940 NAUTILUS DR**  
**EASTPOINT, FL 32328**

7. Name and Address of New Registered Agent  
 Name  
**BASSETT, SUSAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**535 WEST SAWYER STREET**  
 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  **SUSAN BASSETT, PRESIDENT** **10 Feb 07**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, STEPHEN	
STREET ADDRESS	1940 NAUTILUS DR	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, CAROL	
STREET ADDRESS	927 E PINE AVE	
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PHYLLIS	
STREET ADDRESS	1172 W GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESTES, MAGGI	
STREET ADDRESS	664 E PINE AVE	
CITY-ST-ZIP	ST GEORGE POINT, FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, SUSAN	
STREET ADDRESS	535 WEST SAWYER ST	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, KAY	
STREET ADDRESS	1073 EAST PINE AVE	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOCUM, TOM	
STREET ADDRESS	2144 SEA FERN WAY	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEGELMAYER, PAUL	
STREET ADDRESS	1471 EAST GULF BEACH DR.	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:  **PAUL RIEGELMAYER** **02/09/2007** **850-899-2524**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #