2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

ANNUAL RE	Secretary of State							
DOCUMENT # 720454 1. Entity Name ST. GEORGE ISLAND CIVIC CLUB, INC.				Secretary of State 01-31-2008 90017 005 ****61.25				
PINE STREET EAST PIN P.O. BOX 451 P.O	ing Address E STREET EAST D. BOX 451 STPOINT, FL 32328	US		JUOT	aufin dikun amal êtibi êtibil etibil	ı Brum ditası eldir eldir	indi di nidi	
	ailing Address							
	PO BOX 451 Suite, Apt. #, etc.			04072009 -				
320 E PINE AVE 5	T GEORGE 150	CAND		 	hg-NP CR2	E037 (12/06)		
	City & State EASTAONT F	FL	İ	 FEI Number NOT APPLI 	CABLE	- i	plied For at Applicable	
Zip Country Z	in ai	Country -RNNK (LIN	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Register	red Agent	Nomo		7. Name and Add	tress of New Registers	d Agent		
BASSETT, SUSAN			Street Address (P.O. Box Number is Net Acceptable) Street Address (P.O. Box Number is Net Acceptable) STREET ADDRESS (P.O. Box Number is Net Acceptable)					
535 W. SAWYER STREET EASTPOINT, FL 32328			48"	W GULF	RENCH D	R		
			ST G	EORGEIS	LAND			
			ASTP			L 3323	328	
 The above named entity submits this statement for the pur the obligations of registered agent. 	rpose of changing its regi	istered office or	r registere	ed agent, or both, in	the State of Florida. I a	ım familiar with,	and accept	
SIGNATURE Tom Wood Tom Wood, Treasurer 01/29/08 Signature, typed or printed name of regressered agent and title if applicable. (NOTE: Regristered Agent signature required when remastating) DATE								
		TV P.A. S.U. ((Disserted Agent segment	Corrections (01/29/08 when renstatings		E		
		ign Financing	ure required v	\$5.00 May Be Added to Fees	Make ch	eck payable to		
Signature, typed or printed name of registered again and title f a	9. Election Campai Trust Fund Contr	ign Financing	Line required v	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of St	ate —	
Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTOR	9. Election Campai Trust Fund Contr	ign Financing ribution.	A A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Make che Florida Deg	DIREC ORS IN	ate —	
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	Tom	Wood	Jon 1	road	Treasurer	01/20	3/08 (850)927-2354
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING	OFFICER OR DIRECTO	R J		Dafe	7	Daytime Phone #