


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-31-2008 90017 005 ****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 - No P.O. Box # VOLUNTEER FIRE DEPT BLDG Suite, Apt. #, etc. 320 E PINE AVE City & State ST GEORGE ISLAND FL Zip 32328		3. Mailing Address PO Box 451 Suite, Apt. #, etc. ST GEORGE ISLAND City & State EASTPOINT FL Zip 32328-0451 Country FRANKLIN	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASSETT, SUSAN 535 W. SAWYER STREET EASTPOINT, FL 32328		7. Name and Address of New Registered Agent Name BOB GILL Street Address (P.O. Box Number is Not Acceptable) 848 W GULF BEACH DR ST GEORGE ISLAND City EASTPOINT 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 <u>Tom Wood</u> <u>Tom Wood, Treasurer 01/29/08</u> DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P BASSETT, SUSAN 535 W. SAWYER STRET ST. GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB GILL 848 W GULF BEACH DR ST GEORGE ISLAND FL 32328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNETT, KAY 1073 E. PINE AVE. ST GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN SELBY 457 W GULF BEACH DR ST GEORGE ISLAND FL 32328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOCUM, TOM 2144 SEA FERN WAY ST GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISAAC LANG 717 W GULF BEACH DR ST GEORGE ISLAND FL 32328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIEGELMAYER, PAUL 1471 E. GULF BEACH DR. ST GEORGE POINT, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Wood 700 E BAYSHORE DR ST GEORGE ISLAND FL 32328-0764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Tom Wood</u>		Date: <u>01/29/08</u> Daytime Phone #: <u>(850) 927-2354</u>	