


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90227 002 ****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

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Bob Gardner* 1-12-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	GALLOWAY, JEFF	
STREET ADDRESS	2274 SAILFISH DRIVE	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILER, GLEN	
STREET ADDRESS	1728 LILAC LANE	
CITY-ST-ZIP	ST-GEORGE ISLAND FL 32328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIANSON, JANET	
STREET ADDRESS	481 W PINE STREET	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOYLE, JESSE	
STREET ADDRESS	932 W GULF BEACH DR	
CITY-ST-ZIP	SAINT GEORGE ISLAND FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARONER, BOB	
STREET ADDRESS	1009 E. GULF BEACH PLACE	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SILEL, Glen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPEL, RICHARD	
STREET ADDRESS	709 E. GULF BCH. DR.	
CITY-ST-ZIP	St. George Isl, FL 32328	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, Celeste	
STREET ADDRESS	556 BAYSHORE DR.	
CITY-ST-ZIP	St. George Isl, 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: *Bob Gardner* 1-12-2003 8509272306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)