

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721299

FILED
Mar 21, 2007
Secretary of State

Entity Name: CIVITAN CLUB OF TALLAHASSEE, INC.

Current Principal Place of Business:

1909 MALLORY SQUARE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1909 MALLORY SQUARE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-6144252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINR, ARTHUR W
1909 MALLORY SQUARE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KING, A. WAYNE
Address: 1909 MALLORY SQUARE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: KING, A. WAYNE
Address: 1909 MALLORY SQUARE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: JONES, ERNEST
Address: 1737 ATKAMIRE DR
City-St-Zip: TALLAHASSEE, FL 32304

Title: PD () Delete
Name: HAMILTON, RICHARD
Address: 6317 PICKNEY HILL RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: HAIR, CHARLES
Address: 8752 COMMUNITY RD.
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: LEONARD, RALEIGH C
Address: 7440 SKIPPER LANE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. WAYNE KING

S

03/21/2007

Electronic Signature of Signing Officer or Director

Date