

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90082 039 ****61.25

DOCUMENT # 721299

1. Entity Name
CIVITAN CLUB OF TALLAHASSEE, INC.



Principal Place of Business
**7440 SKIPPER LANE
TALLAHASSEE FL 32311 32317
US**

Mailing Address
**7440 SKIPPER LANE
TALLAHASSEE FL 32311 32317
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6144252**

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

7. Name and Address of New Registered Agent

**LEONARD, RALEIGH C
7440 SKIPPER LANE
TALLAHASSEE FL 32311-17**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32317

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HEBERT, LEO**
STREET ADDRESS **2104 JOYNER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PD** ☒ Change ☒ Addition
NAME **Raleigh Leonard**
STREET ADDRESS **7440 Skipper Lane**
CITY-ST-ZIP **Tallahassee, FL 32317**

TITLE **S** ☐ Delete
NAME **KING, A. WAYNE**
STREET ADDRESS **1704 DORA AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☒ Change ☐ Addition
NAME **King, A. Wayne**
STREET ADDRESS **1909 Mallory Square**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **TD** ☐ Delete
NAME **SMITH, CLARENCE V**
STREET ADDRESS **3207-22 SHAMROCK EAST**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RAGANS, JIMMY**
STREET ADDRESS **1305 PARGA STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GANDY, TEMAN**
STREET ADDRESS **1421 PULLEN ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition
NAME **Hamilton, Richard**
STREET ADDRESS **6317 Pickney Hill Road**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **CARUTHERS, GENE**
STREET ADDRESS **4052 MC LAUGHLIN RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Change ☐ 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:

Clarence V. Smith
SIGNATURE REQUIRED
Clerk/Treasurer/Director

20 March 2003 850-893-0434

CR2E037 (10/02)