

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721633 (6)

1. Corporation Name

DOWNTOWN CIVITAN CLUB OF WEST PALM BEACH, FLORIDA, INC.



Principal Place of Business

**944 FRANCIS ST.
BOX 2184
WEST PALM BEACH FL 33402**

Mailing Address

**944 FRANCIS ST.
BOX 2184
WEST PALM BEACH FL 33402**

3. Date Incorporated or Qualified
09/01/1971

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

23-7148487

Applied For

☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEARING, TERRY
9170 GREEN MEADOWS WAY
WEST PALM BEACH FL 33418**

81 Name **Ann Kosco**
82 Street Address (P.O. Box Number is Not Acceptable)
901 S. Olive Ave
83
84 City **West Palm Beach** **FL** **85** Zip Code **33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ann M. Kosco, President

February 8, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GEARING, TERRY	
STREET ADDRESS	9170 GREEN MEADOWS WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOSCO, ANN	
STREET ADDRESS	901 S. OLIVE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUCETTE, JOSEPH	
STREET ADDRESS	4522 S. CONGRESS AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	EISINGER, FRED	
STREET ADDRESS	3879 W. INDUSTRIAL WAY	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MYERS, JUDY	
STREET ADDRESS	5290 GARDEN HILLS CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, CORA	
STREET ADDRESS	1201 AUSTRALIAN AVE.	
CITY-ST-ZIP	RIVIERA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-96

407-967-7411

CR2E037 (12/95)