

# 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 # 721860 (5)**

1. Corporation Name

**DOVER CIVIC CLUB, INC.**



Principal Place of Business

**2820 GALLAGHER RD.  
P.O. BOX 702  
DOVER FL 33527**

Mailing Address

**PO BOX 702  
DOVER FL 33527  
US**

3. Date Incorporated or Qualified  
**10/11/1971**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-1914137**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BINGHAM, DEWAYNE  
3640 SUMNER ROAD  
DOVER FL 33527**

10. Name and Address of New Registered Agent

81 Name **Reese McClelland**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4013 Gallagher Rd.**  
83  
84 City **Dover** **FL** 85 **33527**

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 *Reese McClelland*

**Reese McClelland**

**Jan. 17, 1996**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>MCCLELLAND, REESE</b>	
STREET ADDRESS	<b>4013 GALLAGHER ROAD</b>	
CITY-ST-ZIP	<b>DOVER, FL 00000</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>BINGHAM, LINDA J.</b>	
STREET ADDRESS	<b>3640 SUMNER RD</b>	
CITY-ST-ZIP	<b>DOVER, FL 00000</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>BINGHAM, DEWAYNE</b>	
STREET ADDRESS	<b>3640 SUMNER RD.</b>	
CITY-ST-ZIP	<b>DOVER, FL 00000</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>TILLMAN, SHARON</b>	
STREET ADDRESS	<b>2806 DOA WELDON ROAD</b>	
CITY-ST-ZIP	<b>DOVER, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, CLAUDETTE</b>	
STREET ADDRESS	<b>4312 GALLAGHER ROAD</b>	
CITY-ST-ZIP	<b>DOVER FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>HIERS, R.L.</b>	
STREET ADDRESS	<b>4530 SWINGER RD.</b>	
CITY-ST-ZIP	<b>DOVER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Donnie Maxwell</b>	
13 STREET ADDRESS	<b>13822 Haynes Rd.</b>	
14 CITY-ST-ZIP	<b>Dover, Fl. 33527</b>	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Ben Tillman</b>	
23 STREET ADDRESS	<b>2806 Dad Weldon Rd</b>	
24 CITY-ST-ZIP	<b>Dover, Fl. 33527</b>	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Dale Gertz</b>	
33 STREET ADDRESS	<b>4010 N. Gallagher Rd</b>	
34 CITY-ST-ZIP	<b>Dover, Fl. 33527</b>	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Leroy Vaughn</b>	
43 STREET ADDRESS	<b>15419 E. LakeBurrell Dr.</b>	
44 CITY-ST-ZIP	<b>Lutz, Fl. 33549</b>	
51 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Claudette Campbell</b>	
53 STREET ADDRESS	<b>312 Gallagher Rd.</b>	
54 CITY-ST-ZIP	<b>Dover, Fl. 33527</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Ben Tillman* **Ben Tillman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-96**

Date

**813 669 2960**

Daytime Phone #

CR2E037 (12/95)