

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33527-0702 US
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3. Date Incorporated or Qualified 10/11/1971	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1914137 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLELLAND
4013 GALLAGHER RD.
DOVER FL 33527**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Reece McClelland **Reece McClelland** **01/16/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAND, REECE	1.2 NAME	
STREET ADDRESS	4013 GALLAGHER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, BEN	2.2 NAME	
STREET ADDRESS	2806 DAD WELDON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, DONNIE	3.2 NAME	
STREET ADDRESS	13822 HAYNES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, SHARON	4.2 NAME	
STREET ADDRESS	2806 DOA WELDON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CLAUDETTE	5.2 NAME	
STREET ADDRESS	4312 GALLAGHER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTZ, DALE	6.2 NAME	
STREET ADDRESS	4010 N. GALLAGHER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	6.4 CITY-ST-ZIP	

14. I do 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 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** **01/16/97** **813-659-2960**

CR2E037 (9/96)