FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 23 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 721860 (5) DOVER CIVIC CLUB. INC. + Principal Place of Business Mailing Address 2820 GALLAGHER RD PO BOX 702 3. Date incorporated or Qualified P.O. BOX 702 DOVER FL 33527 10/11/1971 DOVER FL 33527 4. FEI Number Applied For Not Applicable 59-1914137 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Country Personal Property Tax due June 30. ☐ Yes ☐ No 29 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name MCCLELLAND 82 Street Address (P.O. Box Number is Not Acceptable) 4013 GALLAGHER RD. 83 DOVER FL 33527 64 Cltv Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE 1.1 TITLE TITLE mcclelland, Reese MCCLELLAND, REECE 1.2 NAME NAME 4013 GALLAGHER ROAD 1.3 STREET ADDRESS STREET ADDRESS DOVER, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE TILLMAN, BEN 2.2 NAME NAME 2806 DAD WELDON RD. 2.3 STREET ADDRESS STREET ADDRESS DOVER, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE NAME MAXWELL, DONNIE 3.2 NAME STREET ADDRESS 13822 HAYNES RD. 3.3 STREET ADDRESS DOVER, FL 00000 CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition DELETE 4.1 TITLE TITLE TILLMAN, SHARON 4. 2 NAME NAME 2806 Dad Weldon Rd 2806 DOA WELDON ROAD 4.3 STREET ADDRESS STREET ADDRESS 33Sa7 DOVER, FL 00000 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition, TITLE 5.1 TITLE Betty Meek CAMPBELL, CLAUDETTE 5.2 NAME NAME 3515 McIntosh Rd **4312 GALLAGHER ROAD** 5.3 STREET ADDRESS STREET ADDRESS **DOVER FL** Dover Fl 5.4 CITY-ST-ZIP CITY-ST-ZIP 80000024387**7**3change DELETE 6.1 TITLE TITLE D GERTZ, DALE 6.2 NAME NAME -02/24/98--01016--014 4010 N. GALLAGHER RD. **6.3 STREET ADDRESS** STREET ADDRESS ***61.25 33527 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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. Rs. H. Meck 2/11/18 159-0752