

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721860

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/11/1971

4. FEI Number

59-1914137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCCLELLAND
4013 GALLAGHER RD.
DOVER FL 33527

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
MCCLELLAND, REESE
STREET ADDRESS **4013 GALLAGHER ROAD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **D**
TILLMAN, BEN
STREET ADDRESS **2806 DAD WELDON RD.**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **V**
MAXWELL, DONNIE
STREET ADDRESS **13822 HAYNES RD.**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **S**
TILLMAN, SHARON
STREET ADDRESS **2806 DAD WELDON ROAD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **T**
MEEK, BETTY
STREET ADDRESS **3515 MCINTOSH RD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **D**
GERTZ, DALE
STREET ADDRESS **4010 N. GALLAGHER RD.**
CITY-ST-ZIP **DOVER FL 33527**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **WESLEY A. GALLAGHER**
1.3 STREET ADDRESS **13210 LEWIS GALLAGHER RD**
1.4 CITY-ST-ZIP **DOVER FL 33527**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Betty Meek* 4/17/99 659-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90047 020 ****61.25

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