FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **722413** **(2)**

1. Corporation Name

THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.

Principal Place of Business	Mailing Address
24 NE 12 ST PO BOX 901869 HOMESTEAD FL 33090 US	24 NE 12 ST PO BOX 901869 HOMESTEAD FL 33090 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1972
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-6166244 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
CAMPBELL, RUTH 24 N.E. 12 ST. HOMESTEAD FL 33030	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☑ Change ☐ Addition
NAME	DOUGLAS, DR ROBERT	12 NAME		
STREET ADDRESS	29450 SW 185 CT	13 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	COATS, KAREN	22 NAME		
STREET ADDRESS	12100 SW 232 ST	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	D	☑ Change ☐ Addition
NAME	NEWMAN, REBECCAS	32 NAME		
STREET ADDRESS	17330 SW 299 ST	33 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ELMORE, JOYCE B.	42 NAME		
STREET ADDRESS	405 NW 14 STREET	43 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	T	☐ Change ☑ Addition
NAME	GARZA, MARIA	52 NAME	Patricia A. Farrell	
STREET ADDRESS	101 NE 19 ST	53 STREET ADDRESS	1734 SE 29th ST.	
CITY-ST-ZIP	HOMESTEAD FL	54 CITY-ST-ZIP	Homestead, FL 33035	
TITLE	D	61 TITLE	P	☐ Change ☑ Addition
NAME	LAYSON, BIRNEY	62 NAME	Elizabeth Currie	
STREET ADDRESS	29200 SW 185 CT	63 STREET ADDRESS	546 S.W. 2nd St.	
CITY-ST-ZIP	HOMESTEAD FL	64 CITY-ST-ZIP	Florida City, FL 33034-4857	

FILED BY MAY 1

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)(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: Patricia A. Farrell Patricia A. Farrell 4/16/95 (305) 238-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040733