

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 # 722413 (2)

1. Corporation Name

THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.



Principal Place of Business

Mailing Address

24 NE 12 ST
PO BOX 901889
HOMESTEAD FL 33090
US

24 NE 12 ST
PO BOX 901889
HOMESTEAD FL 33090
US

3. Date Incorporated or Qualified
01/04/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 901889

26 P.O. Box 901889

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 24 NE 12th St.

27

City & State

City & State

23 Homestead, FL

28 Homestead FL

24 Zip 33090-1889

25 Country USA

29 Zip 33090-1889

30 Country USA

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

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 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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DOUGLAS, DR ROBERT
STREET ADDRESS 29450 SW 185 CT
CITY-ST-ZIP HOMESTEAD FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME COATS, KAREN
STREET ADDRESS 12100 SW 232 ST
CITY-ST-ZIP MIAMI FL

☒ DELETE

2.1 TITLE S
2.2 NAME Salinas, Elida
2.3 STREET ADDRESS 557 S.W. 2nd St.
2.4 CITY-ST-ZIP Florida City, FL 33034

☐ Change ☒ Addition

TITLE D
NAME NEWMAN, REBECCAS
STREET ADDRESS 17330 SW 299 ST
CITY-ST-ZIP HOMESTEAD FL

☒ DELETE

3.1 TITLE T
3.2 NAME Farrell, Patricia
3.3 STREET ADDRESS 17345 S.W. 299th St.
3.4 CITY-ST-ZIP Homestead, FL 33020

☐ Change ☒ Addition

TITLE D
NAME ELMORE, JOYCE B.
STREET ADDRESS 405 NW 14 STREET
CITY-ST-ZIP HOMESTEAD FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GARZA, MARIA
STREET ADDRESS 101 NE 19 ST
CITY-ST-ZIP HOMESTEAD FL

☒ DELETE

5.1 TITLE P
5.2 NAME Currie, Elizabeth
5.3 STREET ADDRESS 546 SW 2nd St.
5.4 CITY-ST-ZIP Florida City, FL 33034

☐ Change ☒ Addition

TITLE D
NAME LAYSON, BIRNEY
STREET ADDRESS 29200 SW 185 CT
CITY-ST-ZIP HOMESTEAD FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Patricia Farrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

(305) 238-7944
Daytime Phone #

CR2E037 (12/95)