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Jul 03 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 # **722413** (2)
1. Corporation Name
THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.



Principal Place of Business P.O. BOX 901889 24 NE 12TH ST HOMESTEAD FL 33090-1889 US	Mailing Address P.O. BOX 901889 HOMESTEAD FL 33090-1889 US
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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
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3. Date Incorporated or Qualified 01/04/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6166244	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPBELL, RUTH 24 N.E. 12 ST. HOMESTEAD FL 33030	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	<input type="checkbox"/> DELETE
NAME	D DOUGLAS, DR ROBERT
STREET ADDRESS	20450 SW 185 CT
CITY-ST-ZIP	HOMESTEAD FL
TITLE	<input type="checkbox"/> DELETE
NAME	S SALINES, ELIDA
STREET ADDRESS	557 SW 2ND ST
CITY-ST-ZIP	FLORIDA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	T FARRELL, PATRICIA
STREET ADDRESS	17345 SW 299 ST
CITY-ST-ZIP	HOMESTEAD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ELMORE, JOYCE B.
STREET ADDRESS	405 NW 14 STREET
CITY-ST-ZIP	HOMESTEAD FL
TITLE	<input type="checkbox"/> DELETE
NAME	P CURRIE, ELIZABETH
STREET ADDRESS	548 SW 2ND ST
CITY-ST-ZIP	FLORIDA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D KIRCHER, NEREYDA B
1.3 STREET ADDRESS	18000 SW 184 ST
1.4 CITY-ST-ZIP	MIAMI FL 33107
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T CURRIE, CHARLES W JR
3.3 STREET ADDRESS	546 SW 2nd ST
3.4 CITY-ST-ZIP	FLORIDA CITY FL 33034
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **ELIZABETH CURRIE** **SECRETARY** **7/3/97**

CR2E037 (9/96)