

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90034 020 ****61.25

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DOCUMENT # 722413

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/04/1972

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

9. Name and Address of Current Registered Agent

CAMPBELL, RUTH
24 N.E. 12 ST.
HOMESTEAD FL 33030

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 D
KIRCHER, NEREYDA B
STREET ADDRESS 18000 SW 184 ST
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE
NAME S
SALINES, ELIDA
STREET ADDRESS 557 SW 2ND ST
CITY-ST-ZIP FLORIDA CITY FL

TITLE ☐ DELETE
NAME T
CURRIE JR, CHARLES W
STREET ADDRESS 546 SW 2ND ST
CITY-ST-ZIP FLORIDA CITY FL

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

TITLE ☒ DELETE
NAME P
CURRIE, ELIZABETH
STREET ADDRESS 546 SW 2ND ST
CITY-ST-ZIP FLORIDA CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Currie Jr, Charles W
1.3 STREET ADDRESS 546 SW 2 St
1.4 CITY-ST-ZIP Florida City, Fl. 33034

2.1 TITLE President Elect ☐ Change ☒ Addition
2.2 NAME Vivier, Maggie
2.3 STREET ADDRESS 15539 SW 152 Ln
2.4 CITY-ST-ZIP Miami, FL 33187

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Burgess, Charlotte
3.3 STREET ADDRESS 453 NW 17 St
3.4 CITY-ST-ZIP Homestead, Fl. 33030

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Kestel, Idania
4.3 STREET ADDRESS 8520 SW 185 Terr
4.4 CITY-ST-ZIP Miami, FL 33157

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:

Idania Kestel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)