

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90030 018 \*\*\*\*61.25

**DOCUMENT # 722413**

1. Entity Name

THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.



Principal Place of Business

P.O. BOX 901107  
24 NE 12TH ST  
HOMESTEAD, FL 33090-1107 US

Mailing Address

P.O. BOX 901107  
HOMESTEAD, FL 33090-1107 US

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-6166244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DE LEON, HILDA
STREET ADDRESS	25700 SW 212 AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	PE
NAME	LERMA, NORMA
STREET ADDRESS	1571 NE 10 STREET
CITY-ST-ZIP	HOMESTEAD, FL 330334619
TITLE	D
NAME	CURRIE JR, CHARLES W
STREET ADDRESS	546 SW 2 STREET
CITY-ST-ZIP	FLORIDA CITY, FL 330344857
TITLE	S
NAME	CURRIE, ELIZABETH
STREET ADDRESS	546 SW 2 STREET
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	T
NAME	FELICIANO, CESAR E
STREET ADDRESS	1786 NW 19 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	KIRCHER, ROBERT
STREET ADDRESS	18000 SW 18TH STREET
CITY-ST-ZIP	MIAMI, FL 331871677

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Cesar E. Feliciano* **CESAR E. FELICIANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**19 JAN 04**

Date

**305-248-7546**

Daytime Phone #