

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90157 041 ****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**



02142005 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**

DO NOT WRITE IN THIS SPACE

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 *Ruth Campbell*

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LEON, HILDA 25700 SW 212 AVE. HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE LERMA, NORMA 1571 NE 10 STREET HOMESTEAD, FL 33034619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE JR, CHARLES W 546 SW 2 STREET FLORIDA CITY, FL 330344857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRIE, ELIZABETH 546 SW 2 STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELICIANO, CESAR E 1786 NW 19 STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRCHER, ROBERT 18000 SW 18TH STREET MIAMI, FL 331871677

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #