


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90054 023 ****61.25

DOCUMENT # 722413 1. Entity Name THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.	
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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
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-6166244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRCHER, ROBERT C 16021 SW 254TH ST HOMESTEAD FL 33031	7. Name and Address of New Registered Agent Name: <u>Ruth Campbell</u> Street Address (P.O. Box Number is Not Acceptable): <u>24 NW 12 St</u> City: <u>Homestead</u> FL Zip Code: <u>33030</u>
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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 (NOTE: Registered Agent signature required when reinstating) DATE: 3-21-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: KIRCHER, ROBERT STREET ADDRESS: 16021 SW 254TH ST CITY - ST - ZIP: HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE: PE NAME: CAMPBELL, RUTH STREET ADDRESS: 24 NW 12TH ST CITY - ST - ZIP: HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE: D NAME: CURRIE JR, CHARLES W STREET ADDRESS: 546 SW 2 STREET CITY - ST - ZIP: FLORIDA CITY FL 33034-4857	<input type="checkbox"/> Delete
TITLE: S NAME: KIRCHER, NERAYDA STREET ADDRESS: 16021 SW 254TH ST CITY - ST - ZIP: HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE: T NAME: FELICIANO, CESAR E STREET ADDRESS: 1786 NW 19 STREET CITY - ST - ZIP: HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE: D NAME: DELEON, HILDA STREET ADDRESS: 25700 SW 212TH AVE CITY - ST - ZIP: HOMESTEAD FL 33031	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nerayda Kircher DATE: 3/21/07 PHONE: 305-248-4044