

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90064 005 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6166244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, RUTH
24 NW 12 TH
HOMESTEAD FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ruth Campbell

02/07/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KIRCHER, ROBERT
16021 SW 254TH ST
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Campbell, Ruth
24 NW 12 ST
Homestead, FL 33030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PE
CAMPBELL, RUTH
24 NW 12TH ST
HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Elly Currie
546 SW 2nd St.
FL City, FL 33034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CURRIE JR, CHARLES W
546 SW 2 STREET
FLORIDA CITY FL 33034-4857 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KIRCHER, NERAYDA
16021 SW 254TH ST
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
FELICIANO, CESAR E
1786 NW 19 STREET
HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DELEON, HILDA
25700 SW 212TH AVE
HOMESTEAD FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
— ☐ Change ☐ 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

2/7/08

305-248-4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #