2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722413

FILED Apr 08, 2009 Secretary of State

Entity Name: THE CIVITAN CLUB OF HOMESTEAD, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 901107 24 NE 12 STREET US 24 NE 12TH ST HOMESTEAD, FL 33030 HOMESTEAD, FL 330901107 US **New Mailing Address: Current Mailing Address:** P.O. BOX 901107 41 N.KROME AVE HOMESTEAD, FL 330901107 US HOMESTEAD, FL 33030 US FEI Number: 59-6166244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, RUTH 24 NW 12 TH HOMESTEAD, FL 33030 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMPBELL, RUTH Name: Name: 24 NW 12 ST Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: Title: (X) Change () Addition () Delete CURRIE, ELLY Name: CURRIE, ELIZABETH Name: Address: 546 SW 2ND ST. Address: 546 SW 2ND ST. City-St-Zip: FL CITY, FL 33034 City-St-Zip: FL CITY, FL 33034 Title: () Delete Title: () Change () Addition CURRIE JR, CHARLES W Name: Name: Address: 546 SW 2 STREET Address: City-St-Zip: FLORIDA CITY, FL 330344857 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: KIRCHER, NERAYDA Name: MADDY, LINDA Address: 16021 SW 254TH ST Address: 16021 SW 254TH ST City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: HOMESTEAD, FL 33031 Title: () Delete Title: (X) Change () Addition FELICIANO, CESAR E MORENO, NORMA Name: Name: 1786 NW 19 STREET 536 N. KROME AVE Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030 Title: () Delete Title: () Change () Addition DELEON, HILDA Name: Name: Address: 25700 SW 212TH AVE Address: HOMESTEAD, FL 33031 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH CURRIE PE 04/08/2009