FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:11

DOCUMENT # 723410 (7)

1. Corporation Name
MISSION VALLEY CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 97 LAUREL FL 34292	P O BOX 97 LAUREL FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRAKE, J. KEVIN, ESQ. 1343 MAIN STREET, SUITE 204 SARASOTA FL 33236	01 Name 02 Street Address (P.O. Box Number Is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kevin Drake 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCOTT, GARY	1.2 NAME	Harold Shell	
STREET ADDRESS	1240 MUSTANG STREET	1.3 STREET ADDRESS	650 Morgan Circle	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Nokomis FL 34275	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	VEDRAL, JOHN	2.2 NAME		
STREET ADDRESS	2141 MISSION VALLEY BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLFE, DEBBRA	3.2 NAME		
STREET ADDRESS	1340 MISSION VALLEY BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DEMING, WENDY	4.2 NAME		
STREET ADDRESS	2020 MISSION VALLEY BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	YOUNG, ROMAIN	5.2 NAME	James Stevens	
STREET ADDRESS	1601 EQUESTRIAN	5.3 STREET ADDRESS	1697 MacIntosh Cir	
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	Nokomis FL 34275	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ZIER, BARBARA	6.2 NAME	Eric Benson	
STREET ADDRESS	1430 EWING ST	6.3 STREET ADDRESS	1131 Ewing St	
CITY-ST-ZIP	NOKOMIS FL	6.4 CITY-ST-ZIP	Nokomis FL 34275	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin Drake 3/28/95 (813) 484-6528
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0074144