

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **723410** (7)

1. Corporation Name

MISSION VALLEY CIVIC ASSOCIATION, INC.

Principal Place of Business

P O BOX 97
LAUREL FL 34292

Mailing Address

P O BOX 97
LAUREL FL 34292



3. Date Incorporated or Qualified
05/15/1972

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHELL, HAROLD
STREET ADDRESS 650 MORGAN CIRCLE
CITY-ST-ZIP NOKOMIS FL ☒ DELETE

TITLE ~~VPD~~ PD
NAME VEDRAL, JOHN
STREET ADDRESS 2141 MISSION VALLEY BLVD
CITY-ST-ZIP NOKOMIS FL ☐ DELETE

TITLE TD
NAME WOLFE, DEBBRA
STREET ADDRESS 1340 MISSION VALLEY BLVD.
CITY-ST-ZIP NOKOMIS FL ☒ DELETE

TITLE SD
NAME DEMING, WENDY
STREET ADDRESS 2020 MISSION VALLEY BLVD
CITY-ST-ZIP NOKOMIS FL ☐ DELETE

TITLE D
NAME STEVENS, JAMES
STREET ADDRESS 1697 MACINTOSH BLVE
CITY-ST-ZIP NOKOMIS FL ☐ DELETE

TITLE D
NAME BENSON, ERIC
STREET ADDRESS 1131 E WING
CITY-ST-ZIP NOKOMIS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **Bill Stulgis**
2.4 CITY-ST-ZIP **1401 Ewing St**
NOKOMIS, FL

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **Robert N. Volmering**
3.4 CITY-ST-ZIP **760 Suffolk Cir**
NOKOMIS, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

941-923-3657

CR2E037 (12/95)