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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 723410**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1972</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	
22	City & State	27	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

**9. Name and Address of Current Registered Agent**

**DRAKE, J. KEVIN, ESQ.**  
**1343 MAIN STREET, SUITE 204**  
**SARASOTA FL 33236**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULGIS, BILL	1.2 NAME	
STREET ADDRESS	1401 EWING ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLMERING, ROBERT N	2.2 NAME	
STREET ADDRESS	760 SUFFOLK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMING, WENDY	3.2 NAME	
STREET ADDRESS	2020 MISSION VALLEY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JAMES	4.2 NAME	
STREET ADDRESS	1697 MACINTOSH BLVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, ERIC	5.2 NAME	
STREET ADDRESS	1131 E WING	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEDRAL, JOHN	6.2 NAME	
STREET ADDRESS	2141 MISSION VALLEY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	6.4 CITY-ST-ZIP	

**SD**  
**Pat Vedral**  
**2141 mission valley Blvd**  
**NOKOMIS, FL.**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*SIGNATURE OF KEVIN DRAKE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/99*

Date

*941-488-0434*

Daytime Phone #

CR2E037 (11/98)