2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State DOCUMENT # 723410 05-01-2003 90771 022 ****61.25 MISSION VALLEY CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 97 P O BOX 97 LAUREL FL 34292 LAUREL FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAKE, J. KEVIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1343 MAIN STREET, SUITE 204 SARASOTA FL 33236 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STULGIS, BILL NAME 1401 EWING ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NOKOMIS FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition VOLMERING, ROBERT N NAME NAME STREET ADDRESS 760 SUFFOLK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL TITI F ☐ Delete TITLE ☐ Change ☐ Addition VEDRAL, PAT NAME NAME STREET ADDRESS 2141 MISSION VALLEY RD STREET ADDRESS CITY-ST-ZIP NOKOMIS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEVENS, JAMES NAME NAME STREET ADDRESS 1697 MACINTOSH BLVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL TITLE ☐ Delete ☐ Change ■ Addition TITLE MALO, ALAN NAME NAME STREET ADDRESS P O BOX 394 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUREL FL 34272 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VEDRAL, JOHN NAME NAME

12. 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 report or supplemental report is the 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 add with all other lib

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2141 MISSION VALLEY BLVD

NOKOMIS FL

4-25-03

941-923-1211