

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:20

DOCUMENT # 723862 (9)

1. Corporation Name

CIVITAN CLUB OF SOUTHBORO, FLORIDA, INC

Principal Place of Business

Mailing Address

3200 SUMMIT BLVD
P O BOX 18892
WEST PALM BEACH FL 33416-5892

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P O BOX 18892
WEST PALM BEACH FL 33416-5892

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1972

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1412347

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTHUR D. LARANGE
2308 LYNN DRIVE
WEST PALM BEACH FL 33415

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 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

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
NAME LARANGE, ARTHUR D.
STREET ADDRESS 2308 LYNN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE PD
1.2 NAME MARTIN, Bill
1.3 STREET ADDRESS 715 LACOSTA WAY
1.4 CITY-ST-ZIP LANTANA, FL

☒ Change ☐ Addition

TITLE VD
NAME MARTIN, BILL
STREET ADDRESS 715 LACOSTA WAY
CITY-ST-ZIP LANTANA FL

2.1 TITLE LARANGE, ARTHUR D.
2.2 NAME LARANGE, ARTHUR D.
2.3 STREET ADDRESS 2308 LYNN DRIVE
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

☒ Change ☐ Addition

TITLE SD
NAME HOUGHTALING, JUNE
STREET ADDRESS 8887 ALBERT RD
CITY-ST-ZIP W PALM BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME DUNN, RICHARD
STREET ADDRESS 1847 BARTLETT CT.
CITY-ST-ZIP LAKE CLARKE SHORES FL

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

☐ Change ☐ Addition

TITLE D
NAME ENRIGHT, KATHY
STREET ADDRESS 989 BAYVIEW RD
CITY-ST-ZIP LAKE WORTH FL

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

☒ Change ☐ Addition

TITLE D
NAME LARANGE, DIANE
STREET ADDRESS 1835 WOODHAVEN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

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

☐ Change ☐ Addition

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 118.07(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, or in an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DUNN, TREASURER

2-395 (407) 964-5777