

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																			
DOCUMENT # 726622 (4) 1. Corporation Name PALM VALLEY CIVIL DEFENSE ASSOCIATION, INC.																																																																					
Principal Place of Business 148 CANAL BLVD PONTE VEDRA BEACH FL 32082 US		Mailing Address 24 1/2 WILDERNESS TRAIL PONTE VEDRA BEACH FL 32082 US																																																																			
2. Principal Place of Business 21		2a. Mailing Address 26 148 Canal Blvd.																																																																			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Ponte Vedra Beach																																																																			
City & State 23		City & State 28 FL.																																																																			
Zip 24		Zip 25 32082																																																																			
Country 25		Country 30 St. Johns																																																																			
9. Name and Address of Current Registered Agent SCIOTTO, STEVE, FIRE CHIEF 24 1/2 S. WILDERNESS TR. PONTE VEDRA FL 32082																																																																					
10. Name and Address of New Registered Agent 81 Name Robert J. Maxwell 82 Street Address (P.O. Box Number is Not Acceptable) 24 Box 148 Canal Blvd. 83 Ponte Vedra Beach, FL. 84 City FL 85 Zip Code 32082																																																																					
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 Robert J. Maxwell Robert J. Maxwell 9-6-97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																					
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>PD</td><td>MACHURICK, DAN</td><td>421 S. ROSCOE BLVD., EXT.</td><td>PONTE VEDRA BCH FL 32082</td><td><input type="checkbox"/></td></tr><tr><td>VPD</td><td>HUNTER, RICHARD</td><td>4760 PALM VALLEY ROAD</td><td>PONTE VEDRA BCH FL 32082</td><td><input type="checkbox"/></td></tr><tr><td>TD</td><td>COE, GAIL</td><td>119 DOLPHIN BLVD.</td><td>PONTE VEDRA BCH FL 32082</td><td><input type="checkbox"/></td></tr><tr><td>SD</td><td>MACHURICK, CONNIE</td><td>421 S. ROSCOE BLVD.</td><td>PONTE VEDRA BEACH FL 32082</td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	PD	MACHURICK, DAN	421 S. ROSCOE BLVD., EXT.	PONTE VEDRA BCH FL 32082	<input type="checkbox"/>	VPD	HUNTER, RICHARD	4760 PALM VALLEY ROAD	PONTE VEDRA BCH FL 32082	<input type="checkbox"/>	TD	COE, GAIL	119 DOLPHIN BLVD.	PONTE VEDRA BCH FL 32082	<input type="checkbox"/>	SD	MACHURICK, CONNIE	421 S. ROSCOE BLVD.	PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																															
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1973

3a. Date of Last Report
04/01/1996

4. FEI Number
59-2413842

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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

CR2E037 (4/97)

14. I do 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.

SIGNATURE: **Robert J. Maxwell** **9-6-97** **944-255-1555**