

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 # 727385 (7)

1. Corporation Name

CIVITAN CLUB OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 93  
JACKSONVILLE FL 32201

POST OFFICE BOX 93  
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

09/07/1973

3a. Date of Last Report

03/31/1995

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

PIERCE JR., HARRY A.  
227 W FORSYTH ST  
JACKSONVILLE FL 32202

81

Name

WALTER H. BRINKMAN

82

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

2327 COSTA VERDE BLVD. #201

83

84

City

JACKSONVILLE BEACH

FL

85

Zip Code

32250

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

*Walter H. Brinkman*

WALTER H. BRINKMAN

TREASURER

4/22/96

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 '96

TITLE D  
NAME WILLIAMS, JOHN C.  
STREET ADDRESS 3073 AMELIA DR  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE D  
1.2 NAME GITTINGS, ROBERT  
1.3 STREET ADDRESS 4933 LONG BOW RD  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32210

☒ Change

☐ Addition

TITLE P  
NAME CAPLAN, HOWARD  
STREET ADDRESS 7235 TRAILS END  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE P  
2.2 NAME CARSWELL, GEORGE  
2.3 STREET ADDRESS 1820 VAN WERT AV  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32205

☒ Change

☐ Addition

TITLE SD  
NAME BALL, RAVENE  
STREET ADDRESS 101 TWIN CEDAR CT  
CITY-ST-ZIP PUNTA VEDRA BEACH FL

☐ DELETE

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

☐ Change

☐ Addition

TITLE TD  
NAME DAY, DEKLE  
STREET ADDRESS 1503 OAK STREET  
CITY-ST-ZIP JAX. FL

☐ DELETE

4.1 TITLE D  
4.2 NAME YOUNG, GEORGE  
4.3 STREET ADDRESS 2727 SAN LUCAS RD  
4.4 CITY-ST-ZIP JACKSONVILLE FL 32217

☒ Change

☐ Addition

TITLE D  
NAME BRINKMAN, WALTER H.  
STREET ADDRESS 2327 COSTA VERDE BLVD #201  
CITY-ST-ZIP JACKSONVILLE BCH FL

☐ DELETE

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

☒ Change

☐ Addition

TITLE D  
NAME BARRINGTON, ROBERT  
STREET ADDRESS 2234 LARRY DR.  
CITY-ST-ZIP JAX. FL

☐ DELETE

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 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, or on an attachment with an address.

SIGNATURE:

*Walter H. Brinkman* Treasurer

4/22/96

(904) 632 7902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)