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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727385** (7)

1. Corporation Name

CIVITAN CLUB OF JACKSONVILLE, INC.



Principal Place of Business POST OFFICE BOX 93 JACKSONVILLE FL 32201	Mailing Address POST OFFICE BOX 93 JACKSONVILLE FL 32201
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3. Date Incorporated or Qualified 09/07/1973	
4. FEI Number 59-0537231	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALTER H. BRINKMAN 2327 COSTA VERDE BLVD 201 JACKSONVILLE BCH FL 33250	
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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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P GITTINGS, ROBERT
STREET ADDRESS	4933 LONG BOW RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CARSWELL GEORGE
STREET ADDRESS	1820 VAN WERT AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD HUDSPETH, GEORGE
STREET ADDRESS	10727 CROSSWICKS RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D YOUNG GEORGE
STREET ADDRESS	2727 SAN LUCAS RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD BRINKMAN, WALTER H.
STREET ADDRESS	2327 COSTA VERDE BLVD #201
CITY-ST-ZIP	JACKSONVILLE BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D REVELS, GEORGE
STREET ADDRESS	6019 BROOKRIDGE RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P REVELS, GEORGE
1.3 STREET ADDRESS	6019 BROOKRIDGE RD.
1.4 CITY-ST-ZIP	JACKSONVILLE, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D BRINKMAN, WALTER H.
2.3 STREET ADDRESS	2327 COSTA VERDE BLVD #201
2.4 CITY-ST-ZIP	JACKSONVILLE FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD DUSS, ROBERT
3.3 STREET ADDRESS	4819 AVON LANE
3.4 CITY-ST-ZIP	JACKSONVILLE, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD DONALD O. REEVES, DONALD O.
4.3 STREET ADDRESS	1037 BROOKMONT AVE. E.
4.4 CITY-ST-ZIP	JACKSONVILLE, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D YOUNG, GEORGE
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GITTINGS ROBERT L.
6.3 STREET ADDRESS	4933 LONG BOW RD.
6.4 CITY-ST-ZIP	JACKSONVILLE, 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.

SIGNATURE: Donald O. Reeves 4/1/98 (904) 632 0231

CR2E037 (10/97)