

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90193 021 ****61.25

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DOCUMENT # 727385

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/07/1973

4. FEI Number

59-0537231

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

9. Name and Address of Current Registered Agent

WALTER H. BRINKMAN
2327 COSTA VERDE BLVD 201
JACKSONVILLE BCH FL 33250

10. Name and Address of New Registered Agent

81 Name

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

4343 IRVINGTON AVE.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32210

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

Signature, typed or printed name of registered agent and title if applicable.

Walter H. Brinkman

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME REVELS, GEORGE
STREET ADDRESS 6019 BROOKRIDGE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

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

TITLE SD ☐ DELETE

NAME DUSS, ROBERT
STREET ADDRESS 4819 AVON LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME REEVES, DONALD O
STREET ADDRESS 1037 BROOKMONT AVE E
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

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

TITLE D ☐ DELETE

NAME GITTINGS, ROBERT L
STREET ADDRESS 4933 LONG BOW RD
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ROBERT M. BARRINGTON
2.3 STREET ADDRESS 2234 LARRY DRIVE
2.4 CITY-ST-ZIP JACKSONVILLE FL 32216

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 4343 IRVINGTON AVE.
5.4 CITY-ST-ZIP JACKSONVILLE FL 32210

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

904 665 7902

Daytime Phone #

CR2E037 (11/98)