


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 727385	
1. Entity Name CIVITAN CLUB OF JACKSONVILLE, INC.	

Principal Place of Business POST OFFICE BOX 93 JACKSONVILLE, FL 32201 US	Mailing Address POST OFFICE BOX 93 JACKSONVILLE, FL 32201 US
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DO NOT WRITE IN THIS SPACE

03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0537231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000076987 03/05/04-80024-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATKINS, CLARA L 2085 MILLS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEALY, MILDRED W 7741 DEERWOOD PT. DE. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTINGS, ROBERT L 4933 LONG BOW RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERCE, HARRY A JR. 227 W FORSYTHE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MILDRED W SHEALY** 3/2/04 904/998-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #