

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90232 029 ****61.25

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-0537231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Wallace O. Parker
Street Address (P.O. Box Number is Not Acceptable)
3750 Gurley Rd
City Jacksonville FL Zip Code 32211

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

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

Wallace O. Parker,
Director and President-Elect

4/15/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wallace O. Parker	
STREET ADDRESS	3750 Gurley Rd.	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia Beach	
STREET ADDRESS	3371 Whipoorwill Ct.	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Kovarik	
STREET ADDRESS	10116 Deerwood Club Dr.	
CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hugh Mattox	
STREET ADDRESS	4287 McGirts Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Wallace O. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (904) 744-1074
Date Daytime Phone #