

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 003 ****61.25

DOCUMENT # 727385

1. Entity Name

CIVITAN CLUB OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 93
JACKSONVILLE FL 32201
US

POST OFFICE BOX 93
JACKSONVILLE FL 32201
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

PARKER, WALLACE O
3750 GURLEY RD
JACKSONVILLE FL 32211

Delete

Name *Claudia O. Beach*

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

3371 Whippoorwill Court

Jacksonville Beach

FL

Zip Code

32250

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

Claudia O. Beach

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☒ Delete
NAME PARKER, WALLACE O
STREET ADDRESS 3750 GURLEY RD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME BEACH, CLAUDIA
STREET ADDRESS 3371 WHIPPOORWILL CT
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME KOVARIK, EUGENE
STREET ADDRESS 10116 DEERWOOD CLUB RD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☒ Delete
NAME MATTOX, HUGH
STREET ADDRESS 4281 MCGIRTS BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME *Mildred W. Shealy*
STREET ADDRESS *Treas. 7741 Deerwood Pt. PL*
CITY-ST-ZIP *Jax FL 32256*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Claudia O. Beach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/249-9772