

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90026 020 \*\*\*\*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 # Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State Zip Country

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  
**BEACH, CLAUDIA O  
3371 WHIPPOORWILL CT.  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent  
 Name **George Revels**  
 Street Address (P.O. Box Number is Not Acceptable) **6019 Brookridge**  
 City **Jacksonville** FL Zip Code **32210**

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 **George Revels** *George H. Revels* DATE **2/10/08**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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	T	<input type="checkbox"/> Delete
NAME	<b>SHEALY, MILDRED W</b>	
STREET ADDRESS	<b>7741 DEERWOOD PT. PL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>BEACH, CLAUDIA</b>	
STREET ADDRESS	<b>3371 WHIPPOORWILL CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>KOVARIK, EUGENE</b>	
STREET ADDRESS	<b>10116 DEERWOOD CLUB RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MATTOX, HUGH</b>	
STREET ADDRESS	<b>4281 MCGIRTS BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George Revels</b>	
STREET ADDRESS	<b>6019 Brookridge</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gary Row</b>	
STREET ADDRESS	<b>1270 Cunningham Creek Dr.</b>	
CITY-ST-ZIP	<b>Jax, FL 32209</b>	
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 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: **MILDRED W. Shealy** *Mildred W. Shealy* DATE **2-24-08** **904/998-8901**