FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727543 (1)

1. Corporation Name
CRYSTAL RIVER CIVITAN CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2141 CRYSTAL RIVER FL 34423	POST OFFICE BOX 2141 CRYSTAL RIVER FL 34423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1973
3a. Date of Last Report: 08/12/1994
4. FEI Number: 23-7330618 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COPELAND, MARJORIE J.
673 NE 2ND STREET
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marjorie Copeland Marjorie Copeland, Treasurer 4/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	[X] Change ☐ Addition
NAME	BROWN, MICHAEL	1.2 NAME	Don DeVane	
STREET ADDRESS	6419 N. PARAQUE CIR.	1.3 STREET ADDRESS	6365 Paraqua Cir	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	Crystal River, Fl 34428	
TITLE	V	2.1 TITLE	V	[X] Change ☐ Addition
NAME	DEVANE, DON	2.2 NAME	Floyd C Daniel	
STREET ADDRESS	6365 PARAGUA CIR.	2.3 STREET ADDRESS	P O Box 2141 (NA)	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	2.4 CITY-ST-ZIP	Crystal River, Fl 34423	
TITLE	T	3.1 TITLE	D	☐ Change [X] Addition
NAME	COPELAND, MARJORIE	3.2 NAME	Joseph D Griffin	
STREET ADDRESS	673 NE 2ND ST.	3.3 STREET ADDRESS	1409 SE 4th Ave	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	Crystal River, Fl 34429	
TITLE	S	4.1 TITLE	D	☐ Change [X] Addition
NAME	ACHBACH, ROBERT	4.2 NAME	Wayne Belcher	
STREET ADDRESS	9980 W. ORCHARD ST.	4.3 STREET ADDRESS	2511 E Mercury Street	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	Inverness, Florida 34453	
TITLE		5.1 TITLE	D	☐ Change [X] Addition
NAME		5.2 NAME	Kathy King	
STREET ADDRESS		5.3 STREET ADDRESS	9431 W Edgar Earl Loop	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Crystal River, Fl 34428	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marjorie Copeland Marjorie Copeland, Treasurer 4/8/95 904 795-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064407