

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/25/1973

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Marjorie J Copeland, President

Marjorie J Copeland

DATE 4/9/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DEVANE, DON
STREET ADDRESS 6365 PARAQUA CIR.
CITY-ST-ZIP CRYSTAL RIVER FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Marjorie J Copeland
1.3 STREET ADDRESS 673 NE 2nd Street
1.4 CITY-ST-ZIP Crystal River, FL 34429

TITLE V ☒ DELETE
NAME DANIEL, FLOYD C
STREET ADDRESS P.O. BOX 2141
CITY-ST-ZIP CRYSTAL RIVER FL

2.1 TITLE V ☐ Change ☐ Addition
2.2 NAME Robert Rob Robinson
2.3 STREET ADDRESS 9308 Emerald Oak Drive
2.4 CITY-ST-ZIP Crystal River, FL 34428

TITLE D ☐ DELETE
NAME GRIFFIN, JOSEPH D
STREET ADDRESS 1409 S.E. 4TH AVE.
CITY-ST-ZIP CRYSTAL RIVER FL

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME Mary Nell Griffin
3.3 STREET ADDRESS 1409 SE 4th Ave
3.4 CITY-ST-ZIP Crystal River, FL 34429

TITLE D ☐ DELETE
NAME BELCHER, WAYNE
STREET ADDRESS 2511 E. MERCURY STREET
CITY-ST-ZIP INVERNESS FL

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Kathy King
4.3 STREET ADDRESS 9431 W Edgar Earl Loop
4.4 CITY-ST-ZIP Crystal River, FL 34428

TITLE D ☐ DELETE
NAME KING, KATHY
STREET ADDRESS 9431 W. EDGAR EARL LOOP
CITY-ST-ZIP CRYSTAL RIVER FL

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Euna M Robinson
5.3 STREET ADDRESS 4719 N Champion Pt
5.4 CITY-ST-ZIP Crystal River, FL 34428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Michael Brown
6.3 STREET ADDRESS 6419 N Paraqua Circle
6.4 CITY-ST-ZIP Crystal River, FL 34428

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)(k), 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 J Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 352-795-0485
Date Daytime Phone #

CR2E037 (12/95)