03021999-90191-001-$61.25-$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90191 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727543

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7330618 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Cathi T. Schultz
82 Street Address (P.O. Box Number is Not Acceptable): 11370 W. State Park St.
83
84 City: Crystal River FL 85 Zip Code: 34428

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: Cathi T. Schultz Treasurer — DATE: 4-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, CAROL 771 N. CONANT AVE CRYSTAL RIVER FL 34429	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PD Brown, Michael 6419 N. Paraqua Circle Crystal River, FL 34428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEVANE, PAT 6365 N PARAQUA CIRCLE CRYSTAL RIVER FL 34428	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VD Domnic Lodato 11370 W. State Park St. Crystal River, FL 34428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHULTZ, CATHI 11370 W STATE PARK ST CRYSTAL RIVER FL 34428	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, MICHAEL POB 713 CRYSTAL RIVER FL 34428	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition S Victoria Fozzia 10345 W. Springtree Lane Crystal River, FL 34428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, ROB 504 LAS PALMAS POINT INVERNESS FL 34450	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition D DeVane, Pat 6365 N. Paraqua Circle Crystal River, FL 34428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELF, BETTYE 1316 MARLIO TERRACE CRYSTAL RIVER FL 34429	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition D Harold Varel 5685 N. Elkcam Blvd. Beverly Hills, FL 34465

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Cathi T. Schultz — 2-10-99 — Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #