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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:10

DOCUMENT # 728834 (3)

1. Corporation Name
EAST ORLANDO CIVITAN CLUB, INC.

Principal Place of Business	Mailing Address
315 E. ROBINSON ST. P.O. BOX 149363 ORLANDO FL 32801 US	315 E. ROBINSON ST. SUITE 600 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1974
3a. Date of Last Report: 08/17/1994
4. FEI Number: 23-7405701 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

DIETZ, ROBERT L.
315 E. ROBINSON ST.
SUITE 600
ORLANDO FL 32801

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 _____ DATE
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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BROOKS, SHANNON E.	1.2 NAME	
STREET ADDRESS	8328 STARR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL. 32818
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	REEVES, TANYA L.	2.2 NAME	
STREET ADDRESS	7705 CAPEHORN COURT	2.3 STREET ADDRESS	7705 Cape Horn Court
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL. 32835
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	HARTLEY, SUE	3.2 NAME	
STREET ADDRESS	7802 PINE CROSSING CIR. #1631	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL. 32835
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	EATON, JODI	4.2 NAME	
STREET ADDRESS	5621 ARUNDEL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL. 32808-7009
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	REEVES, MICHAEL	5.2 NAME	
STREET ADDRESS	7705 CAPEHORN COURT	5.3 STREET ADDRESS	7705 Cape Horn Court
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL. 32835
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	CORAH, MELISSA	6.2 NAME	
STREET ADDRESS	1000 E. ROBINSON STREET	6.3 STREET ADDRESS	3721 Greene Drive
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL. 32810

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: Shannon E. Brooks 2/9/95 (407) 425-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #
SHANNON E. BROOKS, PRESIDENT

0003847