


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728834** (3)  
1. Corporation Name  
**EAST ORLANDO CIVITAN CLUB, INC.**



Principal Place of Business <b>315 E. ROBINSON ST. P.O. BOX 14863 ORLANDO FL 32801 US</b>	Mailing Address <b>% ROBERT DIETZ P O BOX 3000 ORLANDO FL 32802-000 US</b>
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2. Principal Place of Business	2a. Mailing Address
21	26
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified <b>02/15/1974</b>
4. FEI Number <b>23-7405701</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>DIETZ, ROBERT L. 315 E. ROBINSON ST. SUITE 600 ORLANDO FL 32801</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>DUMM, PAUL</b>
STREET ADDRESS	<b>820 DEERWOOD AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	PE <input type="checkbox"/> DELETE
NAME	<b>DUMM, NIKKI</b>
STREET ADDRESS	<b>820 DEERWOOD AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	<b>DUMM, NIKKI</b>
STREET ADDRESS	<b>820 DEERWOOD AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>REEVES, TANYA</b>
STREET ADDRESS	<b>7705 CAPEHORN CT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>CAIN, SHERRY</b>
STREET ADDRESS	<b>2733 FERNCREAK</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>DIETZ, ROBERT</b>
STREET ADDRESS	<b>1879 BRISTOL CT</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DUMM, PAUL</b>
1.3 STREET ADDRESS	<b>820 DEERWOOD AVE</b>
1.4 CITY-ST-ZIP	<b>ORLANDO FL 32825</b>
2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DUMM, NIKKI</b>
2.3 STREET ADDRESS	<b>820 DEERWOOD AVE</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32825</b>
3.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Leaman, Denise</b>
3.3 STREET ADDRESS	<b>1408 E. Concord St. #3</b>
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>
4.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>REEVES, TANYA</b>
4.3 STREET ADDRESS	<b>7705 CAPE HORN CT</b>
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>
5.1 TITLE	<b>PE/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CAIN, SHERRY</b>
5.3 STREET ADDRESS	<b>2733 FERNCREAK AVE</b>
5.4 CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Dr Joseph Pipkin</b>
6.3 STREET ADDRESS	<b>4595 Beach Blvd</b>
6.4 CITY-ST-ZIP	<b>ORLANDO FL 32803</b>

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.

SIGNATURE: **Paul M. Dumm** **Paul M. Dumm** 1/18/98 (407) 841-2645

CR2E037 (10/97)