1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 728834

EAST ORLANDO CIVITAN CLUB, INC.

Principal Place of Busine
315 E. ROBINSON ST.
P.O. BOX 149363
ORLANDO FL 32801
110

Mailing Address

% ROBERT DIETZ

Mar 04, 1999 8:00 am secretary of State

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			1111	Ш
	. (1884, 1844) (2118 1816, 214, 216) 1866)			ID#

P.O. BOX 1493 ORLANDO FL 3 US		P O 80X 3000 ORLANDO FL 32802-000 US						
	ace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 02/15/1974			
Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
22	m, 0.00.	27			23-7405701	Not	Applicable	
City & State	9	City & State			5. Certifcate of Status Desired	\$8.75 A	II.	
Zip	Country	Zip	Country	, 	6. Election Campaign Financing	\$5.00	May Be	
24	25	29 3	10		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current				10. Name and Address of New Registe	red Agent		
			81	Name				
OITT OO	DEAT I				The state of the s			
DIETZ, RO			82	Street Add	dress (P.O. Box Number is Not Acceptable)		Į.	
	BINSON ST.		83	-		,		
SUITE 600			L					
ORLANDO	PL 32801		84	City	· •	FL 85 Zip C	ode	
		2 - 1 C47 1509 Florido Statutos	the abov	o named col	moration submits this statement for the purpos	e of changing its	registered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	N FIORIDA SUCO COADDE WAS AUL	nonzea uv	trie corpora	tion's board of directors. I hereby accept the a	opointment as reg	istered	
SIGNATURE					ined when reinstating) DATI			
	Signature, typed or printed name of registered agent		13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
12.	OFFICERS AND	D DIRECTORS	-		ADDITIONS/OFFICE TO OFFICE	Change	Addition	
TITLE	TD	□ pere≀e	1.1 TITLE	1	•			
NAME	DUMM, PAUL		1.2 NAME				1	
STREET ADDRESS	820 DEERWOOD AVE		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CITY+3	ST-ZIP				
TITLE	PD	☐ OELETE	2.1 TITLE	l		☐ Change	☐ Addition	
NAME	DUMM, NIKKI		2.2 NAME	Ì				
STREET ADDRESS	AND DEFENMENCE AVE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ODLANDO EL 2000E		2. 4 CITY-	ST-ZIP	* * <u>* * * </u>			
TITLE	SD	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	LEAMAN, DENISE		3.2 NAME	İ		a a	.	
STREET ADDRESS	1408 E CONCORD ST #3		1	T ADDRESS			1	
	ORLANDO FL 32803	_	3.4. CITY-	ŀ		•	I	
CITY-ST-ZIP	D	DELETE	4.1 TITLE			Change	☐ Addition	
	REEVES, TANYA	7	4. 2 NAME			•	· ·	
NAME	7705 CAPE HORN CT			T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	ORLANDO FL 32835	☐ DELETE	4.4 CITY-1	51-ZIP		Change	Addition	
TITLE	PED		5.1 TITLE 5.2 NAME				_	
NAME	CAIN, SHERRY						. 4	
STREET ADDRESS	STREET ADDRESS Z735 I LTINOTILLIN			ET ADDRESS			· 1	
CITY-ST-ZIP	ORLANDO FL 32806		5.4 CITY-	ST-ZIP	<u> </u>	Change	Addition	
TITLE	D	DELETE	6.1 TITLE		- •	Change	☐ VOOIDON	
NAME	PIPKIN, JOSEPH D		6.2 NAME					
STREET ADDRESS	4595 BEACH BLVD		6.3 STRE	ET ADDRESS	,			
	ODLANDO EL DODO		64 CITY	ST- ZID	v .	•		

ORLANDO FL 32803

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: